

# CHEMIST & DRUGGIST

the newsworthy for pharmacy

a Benn publication

February 5 1983

**SM considers  
pharmacists  
reaction  
monitoring**

**unday trade:  
SDAW warns  
retail  
bankruptcies**

**PRS review  
promised to  
commons**

**practice code  
for GP trials?**

**support hosiery  
AL FEATURE**



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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

February 5, 1983

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## CONTENTS

## COMMENT

### Reaction reports by pharmacists?

CSM gives "active consideration" 208

### GP trials

Code of practice proposed 208

### Generic substitution

Greenfield report out this week and  
a Bill introduced 209

### Boots drop TW

126 shops to be sold 210

### Support hosiery

Special feature 229

### PPRS review

Minister's promise to Commons 240

### Sunday trading

USDAW warns of bankruptcies 241

Comment 207

Topical reflections by Xrayser 213

Counterpoints 214

Prescription specialities 224

Letters 238

Guild Council 239

Business news 241

Market news 242

Classified advertisements 244

## Half-truths

When the national media get their teeth into a good story, it seems to take more than the facts to stop them laying bare the preconceived "truth" before an unsuspecting public. And what better story than the one about money-grabbing multinationals taking advantage of the British taxpayer — and especially a sick British taxpayer?

The spokesmen for the Association of the British Pharmaceutical Industry have been busy over the past few weeks, both in terms of the industry's profits and prices, and over the *exposés* concerning drug side effects. But all too often they are left defending the apparently indefensible.

Even when facts are made plain — and often by Government, not industry spokesmen — they are hurled back as a new challenge to the industry. The *Guardian*, for example, has recently campaigned for generics to be dispensed in substitution for branded products. This week it has discovered the fact (which must surely have been pointed out time after time already) that since the Price Regulation Scheme controls profits rather than individual prices, any loss on products with unbranded equivalents will be made up on a company's in-patent brands.

How terrible! It leads the *Guardian* to the headline: "Brand-name drugs — a prescription for costing the NHS millions". Let's all jump on this rolling bandwagon. Be true to the sick taxpayer. Sell all medicines at manufacturing cost. And turn to the *Guardian* and other media ploughing a similar furrow for our guidance on where the next generation of drugs is coming from.

Perhaps the doctors could be persuaded to avoid the brand names? But wait a minute. The *Guardian* tells us the "doctors are never told the true price of the drugs they prescribe. The real prices, the trade prices . . . are published

officially for chemists only, in the *Chemist & Druggist* monthly list . . ." Unfortunately the newspaper does not know the sources of prices readily available to the prescriber, nor that the prices in the *C&D* list are subject to competitive and quantitative discounting — discounts recovered, sometimes with interest, by the NHS, as any chemist will testify. But then, we should not let facts cloud the issue, should we?

Another self-publicist with the sick taxpayer's interest at heart is parallel importer Mr Malcolm Town, who found support on Channel 4's fledgling consumer programme "4 What it's Worth" on Tuesday. While taking his chance to stick a knife into the industry once again, Mr Town curiously made a telling point which, if it were to be honoured, would presumably put him out of the parallel business! "I'm behind UK manufacturers charging profits sufficient to enable them not only to employ people in this country but also to conduct research and development to bring out the new drugs of the future. What I'm objecting to is products manufactured in Germany, France or Belgium being sold in this country at substantially higher prices. That means . . . taxpayers are funding the R&D of, say, Bayer in West Germany."

Transfer pricing is a practice the Auditor General found disturbing in his report last week. And if British products are sold in Europe at lower prices than in the UK to fund our own research, surely we should expect European and American products to be cheaper here. If they are not, the promised inquiry into the PPRS must come up with some very good reasons.



## Reaction reports by pharmacists?

Pharmacists are being considered as a source of reports on adverse drug reactions.

Mr Kenneth Clarke, Minister for Health, said during a debate on *Opren* this week, that the Committee on Safety of Medicines is "actively considering the possibility of accepting reports from pharmacists to add to the data received from doctors."

Mr Clarke was answering questions in the House of Commons from Mr Jack Ashley, Stoke-on-Trent, South, and Mrs Gwyneth Dunwoody, Labour shadow health minister, on the "*Opren* scandal" and the involvement of the CSM. Mr Clarke said he did not accept there was any avoidable delay in detecting and acting on evidence on *Opren*. However Mr Clarke admitted that improvements could be made to the yellow card system and noted that the CSM has established a working party, under the chairmanship of Professor Graham Smith, to consider proposals for improving the present system.

He said that data from Dr Hamdy in

particular had not been delayed in submission to the CSM (*C&D* January 15). In fact three drug accumulation studies were received at the same time, but did not all come to the same conclusion.

Mr Clarke explained that the key point was that the studies did not contain any specific evidence that the drug was harmful. Indeed the last paragraph of Dr Hamdy's summary states: "It is concluded that high plasma benoxaprofen levels achieved, combined with the slow clearance rates and long half-lives, indicate that it may be possible to administer benoxaprofen less frequently, or at lower doses, to elderly patients. More work is needed to determine whether this prolonged half-life is matched by an equally prolonged therapeutic effect." Dr Hamdy was referring to the prospects of giving elderly patients smaller doses and still obtaining beneficial effects, Mr Clarke said.

Whatever improvements were made to the monitoring system problems would occur and it was almost certain there will be another such incident sooner or later.

## Practice code for GP trials

During the same debate Mr Clark said that some trials conducted by GPs have been described as having no meaningful element of research or fact finding and amount to no more than blatant advertising.

"We have given ministerial undertakings to put those trials on a respectable basis through a code of practice administered through the industry." The code will contain provision for approval of an independent and properly constituted ethical committee and arrangements for medical approval of trial protocol. The Department of Health is at present discussing with the medical and pharmaceutical professions some aspects of supply of medicines to patients and remuneration to doctors for their administrative tasks, before final approval and publication.

### Kalspare accusations

The clinical event study initiated by Armour Pharmaceuticals Ltd for Kalspare (*C&D* January 1/8) has been attacked as a bid to delay adverse reaction reporting by GPs.

That allegation was made by Mr Mike

Thomas, SDP spokesman on health and social services, who said it is specifically pointed out in the protocol for the study that there will be no remuneration for reporting an adverse reaction. Mr Thomas said the trial, already the subject of a complaint to the Association of the British Pharmaceutical Industry, will achieve no scientific purpose and merely represents a pre-launch marketing ploy designed to promote the drug under the guise of a clinical trial.

However, Mr K.W. Fitch, managing director and chairman of Armour, told *C&D* the company is not trying to compete with any reporting system such as the Committee on Safety of Medicines' yellow cards, only to add to it.

No fee is offered for adverse reaction reporting as this would encourage doctors to report more quickly to Armour and possibly to the exclusion of the CSM, Mr Fitch explained. The company never has been and never will be interested in paying enormous sums for participation of GPs, but the doctors do justify a nominal sum for administrative tasks, he said.

Armour have instituted a clinical event study (it is not a "clinical trial" Mr Fitch said) to record effects of the drug as

quickly as possible. He believes the company will be able to analyse results three to six months earlier than the CSM. The principal medical officer of the committee has expressed an interest in the results, when they are known, for comparison with its own.

## Pharmacists test OU courses

The Open University course launched in London last week for doctors is being assessed for pharmacists in two health regions.

North East Thames and Wales have both received a grant to evaluate the course, "Topics in drug therapy" (*C&D* last week, p157), and 100 pharmacists from both hospital and retail will be involved in the project.

Dr D. Bailey, director of postgraduate pharmacy studies at Cardiff, told *C&D* that he plans to have five groups of ten pharmacists with a range of age groups from both hospital and retail, and hopes to run tutorial courses in Cardiff, Rhyl, and somewhere near Carmarthen.

The content of the course will not be altered in any way as part of the agreement under which the Open University released the course for evaluation. Dr Bailey says the course is very drug orientated, and some doctors may even think it more suitable for pharmacists.

Miss J. Greenleaf, regional pharmaceutical officer for North East Thames, says the assessment is expected to start in April and be concluded within six months.

The course has received £80,000 backing from the Department of Health and already over 1,000 course books have been sent out to all part of the country. Launching the course, Professor Andrew Herxheimer, a clinical pharmacologist at Charing Cross Hospital, said it was the first module media course on drug topics, and the first course to be available in postgraduate medical centres nationwide. Although there are only three modules in the course at present, if the pilot proves successful it is planned to enlarge this number to seven. Each unit will be revised on a three-year cycle. No pharmacists have been involved in developing the course.

## Clothier draft

The draft Clothier regulations recently approved by the pharmacy and medicine professions (*C&D* January 15, p44) are expected to be presented to Minister for Health, Mr Kenneth Clarke this week.

# Further moves on generic substitution

The Greenfield report was expected to be published on Thursday, after *C&D* had gone to press, amid accusations that the Government has deliberately delayed producing it.

And a private member's Bill to permit a dispensing pharmacist to substitute a generic substance for a medicine prescribed by a general practitioner in the NHS, unless specifically ordered not to do so, has this week been presented by Laurie Pavitt (Labour).

Mr William Hamilton, in a Commons debate on drugs last Thursday, said leaks in the Press hinted that effective prescribing could cut the drugs bill by £170m a year. He suggested that few copies of the report would be made available and those that were would be at a "phenomenal" price. He also asked how long the Minister was going to take over consultations with the pharmaceutical industry and the medical profession.

He referred to Mr Alan Smith's claim that £29m could be saved each year by substituting generic equivalents for only 11 branded products, and criticised drug promotions. "The most outrageous bribery and corruption are practised on doctors by drug companies trying to persuade them to use branded drugs," Mr Hamilton said.

Mr G. Finsberg, Under-Secretary for Health, reminded Mr Hamilton that he had been told by Mr Kenneth Stowe, Permanent Secretary at the DHSS, that there were no figures in the report. Leaks to the Press suggested that the report contains only a recommendation that pharmacists should supply generic products unless specifically instructed otherwise.

## Brand savings may be thwarted

Even if there is a switch to generic prescribing, little money is likely to be saved, according to a *Guardian* article.

Under the Pharmaceutical Price Regulation Scheme, pharmaceutical companies will be entitled to compensate for losses on out-of-patent branded products by raising the price of protected drugs. The Department of Health will be unable to stop them, the article suggests, as the PPRS regulates profits and not individual prices. However the effect of generic prescribing on the PPRS is being considered in the review of the scheme ordered by Social Services Secretary Norman Fowler.

The savings to be made from switching to unbranded drugs could be far more



"... and no, I don't think the water dispute is sufficient reason"

than the £50m a year estimated by the industry, the article says, and claims to have confidential company sales figures to prove it.

According to figures in a July 1982 IMS report obtained by the *Guardian*, Tagamet was the best seller for the 12 months to July 1982 with NHS sales of

£29.6m. Seventh best seller was Inderal with sales of £16.9m. The *Guardian* estimates that if propranolol was prescribed instead the NHS would save £14.5m in the next 12 months. If generic methyl dopa was prescribed instead of Aldomet savings would amount to £7.8m, the article says.

## Competition threatens local pharmacies

Competition from doctors, health centres and multiple retail stores is threatening the very existence of local pharmacies, according to a recent survey. Their present position is "precarious" and pharmacists will have to work more closely with doctors in future if they are to survive, it is suggested.

The survey was commissioned to obtain pharmacists' views of their own place in society — two hundred and fifty pharmacists were interviewed by market researchers Taylor Nelson. It concludes that the image is not a good one — and, in fact, quoted one person as saying it was that of "a third class professional." There is a strong feeling that the profession should be elevated to the level seen in Europe, where pharmacists are used to convey professional knowledge and use their professional judgment far more than their British counterparts.

### 'Sorter' role wanted

The survey showed that the majority of pharmacists in Britain want a greater role in acting as a sorter for doctors — 48 per cent agreed and 23 per cent "strongly agreed." But, it pointed out, doctors were reluctant to accept this. "The doctors fear not only an invasion of their area of responsibility, but are also concerned that superficial knowledge of patients could lead to insufficient care being taken," it adds.

On the question of keeping patient record cards, however, pharmacists were somewhat divided, the survey found. On the other hand, pharmacists were strongly against doctors dispensing prescriptions.

According to the Nelson survey, many of those interviewed are worried that some patients could be at risk because an

increasing number of doctors are using cheap drugs to dispense their own prescriptions. "Pharmacists consider the practice highly unprofessional," it states, "and believe the prescription will be coloured by the stock held at the surgery. This in turn will be coloured by economics — what he can buy most cheaply and what he has been left by representatives."

It adds: "Furthermore, they argue that the dispenser is unqualified and unsupervised and unlike the pharmacy profession the premises undergo no regular inspections by the Pharmaceutical Society."

The threat posed by the retail competition can be seen from the fact that pharmacists' market share of non-medical products is in decline. "Historically, pharmacies were among the major outlets for toiletries. However, recently multiple grocers have taken a larger share of the market at the expense of drug stores, other grocers and pharmacies."

## NHS goes up and...

The upward trend in the NHS share of pharmacy turnover is continuing and stands at 67.9 per cent for the months of September and October, 1982, up 1.4 per cent on the same two months in 1981.

However, the independent's OTC share, according to Nielsen's drug index of 39 product classes, has also increased by 0.7 per cent for the same period and is now 65.6 per cent. Independents took turnover from the multiple pharmacies (down to 14.7 per cent) while the share of the drug store remained constant at 19.7 per cent.



# CPP members concerned about quality of courses

Concern about the quality and accessibility of postgraduate education courses for pharmacists was expressed by associates of the College of Pharmacy Practice at their annual meeting this week. The board of management is considering extending the present annual 10-hour mandatory continuing education requirement to 15 hours. Chairman Mr John Balmford did not put the matter to the vote, but the board will consider all views put to it when it next meets.

Mr J.H.S. Foster said he did not disagree with the 15-hour proposal but thought that attention should first be paid to the quality of courses rather than to the number available. Another speaker wanted any course-listing to make clear "what and who" they were aimed at. [The College does not run its own degree courses and has not produced a comprehensive pamphlet because of lack of co-operation from organisers. Ad hoc lists are published periodically.]

Regionally organised courses should be planned on a structured three-year basis and include practical courses, said Mr J. Myers. The College was in danger of becoming one composed of "talkers, not doers."

Secretary Mr Raymond Dickinson said the board wished to provide courses but in the early life of the College it has had to establish priorities. The periodic listings of courses did not imply a recognition of quality by the board.

## 'Watershed' for CPP

Students were currently renewing their subscriptions to the CPP, Mr Dickinson said. The board realised this could be a "watershed" for the College. Student-membership had fallen by two in the last month to 191 with five students resigning.

Mr J. Shulman called on the College to be more pushing and to use its influence and authority to make a strong effort on patient counselling. And Professor M.R.W. Brown called on the College: "... to act as an integrator rather than as a disintegrator" and allay internal divisions within the profession.

The provisional balance sheet for the year to December 31, 1982, showed a surplus of £139,953, on target for a fund approaching £340,000 in 1985 when the College hopes to become autonomous. Administration expenses of £9,939 and board expenses of £3,504 were offset by a grant from the Society of £7,560.

In his address to the College, president of the Royal College of Physicians, Sir Douglas Black, traced the development of the medical colleges outlining their structure, responsibilities and mode of action. He said the primary role of such colleges [both medical and pharmaceutical] is "... to safeguard the needs of the client," not college practitioners.



President of the Royal College of Physicians, Sir Douglas Black (centre), at the headquarters of the Pharmaceutical Society before addressing the annual meeting of the College of Pharmacy Practice this week. Accompanying him are (left) Mr Henry Howarth, PSGB president, and Mr John Balmford, chairman, CPP board of management

## Script charges

Prescription charges are to rise by 10p to £1.40 from April 1. This 7.69 per cent increase is the minimum needed to take account of the rising cost of the pharmaceutical services, says Mr Norman Fowler, Secretary for Social Services.

The annual and four-monthly rates for pre-payment certificates will rise proportionately from £20 and £7 to £21.50 and £7.50 respectively.

## Safer water

Puritabs (Kirby-Warrick Pharmaceuticals Ltd), Milton 2 sterilising fluid (Richardson Vicks Ltd) and Simpla tablets (Maws Ltd) are being recommended for purifying water, making it suitable for drinking.

Milton 2 sterilising fluid is already promoted overseas for purifying water, the company says. Advertisements on television have appeared in areas affected by the water strike. The recommended dilution is 2.5ml in one gallon of water.

The National Water Council has indicated that effervescent water purification tablets are a satisfactory alternative to boiling water providing they are used strictly in accordance with manufacturer's instructions; the water is not seriously polluted; they are only used for a month or so; pending further advice they are not to be used for making babies' feeds.

Two senior executives from Reckitt & Colman Products Ltd pharmaceutical division took part in a ten-minute interview on LBC radio, shortly after the water strike began. Dr Nick Varey, medical director, and Jean Prince, senior bacteriologist, discussed health hazards arising from the strike and advised listeners of some precautions that could be taken.

# Boots 'cookware' ends Timothy Whites era

Boots are dropping the Timothy Whites trading name and are to sell off the 126 shop sites, raising an estimated £40m. Over a two-year period from March 31 there will be a loss of 750 jobs — but it is hoped to transfer the trade into 50 Boots shops where these exist close to Timothy Whites branches, and to open a further 80 Boots "cookshops" in other Boots branches.

Dr Peter Main, Boots chairman, says: "It makes considerable sense in today's market to concentrate our housewares in the larger Boots stores. I believe that the Timothy Whites format and expertise, combined with the Boots customer flow, will improve sales intensity and profitability in these stores."

Timothy Whites (as Timothy Whites & Taylors) was formerly a pharmacy chain before acquisition by Boots. In most cases, Boots took over the best of the competitive sites and later converted many of the released premises to housewares — previously a major strength of the TW&T group.

## Diabetics prefer disposables

Re-use of disposable insulin syringes and needles results in costs comparable to those of the non-disposable variety, according to a survey in the West of Scotland reported in last week's *British Medical Journal*.

Strathclyde diabetic group found that 600 of 800 patients questioned preferred disposable equipment, even when re-use was necessary.

Disposable syringes are often preferable because they are lighter, less likely to stick or break and do not require spirit. The group claims there is ample evidence to show that, for short periods, it is bacteriologically safe to use disposable equipment several times without sterilization. Indeed the survey showed a lower incidence of infected injection sites in patients re-using disposable syringes and needles.

The group says that re-use of disposable syringes for two weeks could reduce costs by up to £1.5m (1981 figures). Contrary to Government claims that supply of disposable syringes and needles used only once would cost an extra £9.5m a year, the Strathclyde group claims the cost would be an extra £3.7m.

"It is ironic," the group says, "that in times of financial stringency the Government is prepared to waste large sums of money in issuing unwanted U100 glass syringes to every insulin-taking diabetic when a cheaper and preferred alternative is available."

# Everyone's talking about Famel.



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There are three Famel cough syrups in the range.

Famel Original for the relief of congestion in the upper respiratory tract. (It's the one that your dad, and your dad's dad took).

Famel Linctus for dry tickly coughs. (Its cherry flavour makes it a particular favourite with kids).

And there's Famel Expectorant for relief of all the family's tight chesty coughs.

To stock up, with these and Famel Pastilles or to obtain details of your nearest wholesaler, contact Andy Imms at the address below.

And remember, should someone come into your chemist with a loud, irritating cough, you can recommend Famel with confidence.

Presuming, of course, you can get a word in edgeways.

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The system of grading sun cosmetics to suit different skin types and identifying them by Sun Protection Factors (SPFs), is a Piz Buin invention now used by most reputable manufacturers.

And the 'Broad Spectrum' filter system, which screens out the sun's UVA rays (which can cause allergies and skin ageing) as well as the burning UVB rays, was introduced by Piz Buin.

We were also the first to introduce water-resistant sun cosmetics. And although

other manufacturers have followed us, we are unique in

all our sun protection products are water-resistant, and will remain so for over 40 minutes in water.

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## THE SUPPORT FOR YOU

But for those of you concerned about how the public are to get to know Piz Buin, this is how we are setting about it.

\* We have put together window displays and a whole variety of POS material including four different merchandisers (for all sizes of outlet), a sun computer (to advise your customers on their right sun protection factor), leaflets and free gifts with purchase.

\* Starting in May we shall be mounting an educational advertising programme in the quality women's magazines which will tell consumers briefly and simply about the benefits of Piz Buin protecting them from the dangers of the sun whilst helping them get the tan they want, and this programme will be backed up by a comprehensive PR support.

## HELPING YOU HELP YOUR CUSTOMERS

Even more importantly, we have prepared an audio-visual training presentation to help you and your staff advise your customers on the sun and how to protect themselves against its dangers and make the most of its benefits.

We do this because we believe our recommendation carries considerable weight with the undecided consumer who is often confused by the claims and counter-claims (as well as the technical jargon) associated with sun cosmetics. And we believe that the more you and your staff know about the sun, the human skin and sun cosmetics, the more likely you are to recommend Piz Buin.

For more information on the Piz Buin product range and our special training programme, write to Colson & Kay Ltd., Shentonfield Road, Manchester M22 4RW or 'phone 061-491 1980.

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And because solar radiation retains two-thirds of its strength at a depth of one metre underwater, and as ordinary sun protection products wash off in water, all Piz Buin sun protection products are water resistant.



By Xrayser

## Guild president for third year

Mr Robert M. Timson, pharmaceutical officer, Central Nottinghamshire and Bassetlaw Health Authorities, has been elected president of the Guild of Hospital Pharmacists for a third year. Mr Michael Cullen has been re-elected vice president, Mr V. Iain Fenton-May professional secretary, Ms Marion Dinwoodie editor of the Guild's publications, and Dr S.E. Fullerton as the Guild's recommendation for the post of chairman of the Pharmaceutical Whitley Council staff side. Dr R. Lowther has been elected secretary of the Education and Science Committee.

In the 1983 election to Guild council the successful candidates for the five nationally elected seats were: Miss C.M. Clarke, staff pharmacist, Salford; Miss M. Dinwoodie, principal pharmacist, London; Mr P. Gurnell, staff pharmacist, Sheffield; Mr C.R. Hitchings, regional pharmaceutical officer, South West Thames; and Mr R.M. Timson. The successful candidates for the district member seats were: Mr J. Ashford, south east; Mr M. Beaman, Midland; Mr V. Fenton-May, Wales; Mr P. Sharott, London (until AGM 1984); Dr R. Lowther, Scotland and Northern Ireland.

Guild Council for 1984 thus comprises the above ten members together with Mr W.T. Brookes, Mr A.M.S. Cullen, Dr T. Deeks and Dr S.E. Fullerton (national members) and the district members Mr H.H. Poole, Northern, Dr R.F. Haines-Nutt, south western and Mr J.P. Robson, north western.

**Mr Vivian Perkins, FPS**, has retired and his village pharmacy in Surrey has closed after 63 years of business. R.R.E. Perkins & Son, 2 New Buildings, Lingfield, was established in 1920 by Mr Perkins father. After training at Brighton, Mr Perkins joined his father in the family business in August 1939 where he served his apprenticeship and later entered into partnership in 1947. Since 1963, Mr Perkins has run the business, which has always placed emphasis on relationships with customers, most of whom were known personally. The business has always been a family concern. Two apprentices were employed up to the Second World War, when father and son worked alone. Until his retirement this week, Mr Perkins was helped in the pharmacy by his wife. A wine shop and off-license is to take over the premises.

## Bleating pays

If you bleat loud and long enough the good shepherd will be sure to hear. Eventually. It must be a matter of some congratulation for all those bleaters (and this includes me) who have created an awareness at Parliamentary level of the disparity in payment between the pharmacists who are trained to handle drugs and the greater payment made to doctors who pretend to do a pharmacist's job.

We should not be surprised to be told that other medics, from whose global payments the extra income to dispensing doctors is made, do not apparently object. With the trend towards doctor dispensing running unchecked they have every reason to keep quiet against the day *they* may decide to make a bit more income for no extra outlay. We should be pleased, too, to learn that our long-standing protests to the DHSS have finally caused concern about the "good relations between pharmacists and dispensing doctors."

Since the matter is before the Public Accounts Committee, and because it has been shown that non-dispensing doctors are content with their earnings at present, then the real savings to be made if the dispensing doctor earning were to be strictly in line with the net profits granted to us, but *excluding* the pharmacist's notional salary, should be withdrawn from the doctor's global sum. The savings made might make nonsense of the generic v ethical monies!

## Unethical behaviour?

Today I spent the best part of half an hour with a man who had come miles to see me because a mutual friend had said I would listen. I'm not sure if I was flattered, but as I listened to the tale my anger grew — not with him, but what he told me.

He had had a sudden illness some years ago which had laid him flat in intensive care. Within a couple of months he had recovered sufficiently to be able to go back to work. As time progressed treatments were changed, but for the past four or five years he had been simultaneously on two different drugs at quite high doses. During these years all sorts of problems arose.

The doctor had barely listened but continued to prescribe, telling the patient it was the condition and would have to be lived with. He suffered depression, nausea, etc, which after a while the doctor treated with anti-depressives, sleeping drugs, antacids.

Recently, in despair, he tackled the GP again, asking if the increasing problems,

now compounded by a sort of confusion occasionally, could be due to the treatment. "Certainly not" he was told . . . "there are *no* side effects to the products I have given you." "What shall I do?" he asked. "Can you help me?" A most telling comment he had made during the conversation was that sometimes it seemed the fog cleared, and he felt well again: clear and alive.

To be quite sure of my ground I looked up the products in Martindale, and there saw confirmed almost in the man's own words all the symptoms under 'toxic effects.' I showed him the entry. He told me he had stopped taking all but the main two drugs. We looked at each other and he said "Where do I go from here?"

He was a strong character, and so I told him to go back to the doctor, tell *him* to sit down and *listen*. Tell him what he had learned and ask for a complete independent reassessment of his case by the clinic where he was first treated.

It is my belief that because of the complacent uncaring attitude of this GP a fine man has had jeopardised his job, his family relationships, and his quality of life for at least five years. He is one victim of a system which in practical terms seems to be the complete antithesis of what was intended. Yes, I was angry.

I cannot understand how it is that patients are not heard, by those they go to for doctoring. *We* hear, often enough, and know there are times when our disquiet *must* be voiced. The pharmacist has a place, though I don't want it to be like this. We look for a role? We have one already. If patients come to us asking for advice on symptoms, we have a duty to know, or look up the treatments they are receiving currently, to check for side effects and to notify the practitioner in a way which makes it very clear we are not trying to score points, but to give him the feedback very patients seem able to give.

The prestige, awe, respect — call it what you will — which surrounds the doctor, and the little time they have to give individual patients, make a barrier between them which, with today's potent drugs, is potentially the most dangerous thing to the pharmaceutical industry I have ever seen. The bad publicity given allopathic medicine currently is not so much due to inherent side effects, as to the way in which the drugs are given, without care and attention, without scrupulous monitoring of responses.

Some time ago I was concerned about the possibility of computers being used widely in medical practices, fearing it might be seen as a way of eliminating pharmacy from the scene. Now I know a bit more about the idiot machines, that doesn't trouble me. But I am terrified of the effects push-button diagnosis — and prescribing — could have on an unsuspecting and trusting patient.



## Colgate back gel worth £12m to win the kids over

Colgate-Palmolive are launching a new toothpaste, Blue Minty Gel, under the Colgate banner and backed in the first year by a £12.1m advertising and promotional budget.

Aimed at non-users of Colgate Dental Cream the blue gel was found in trials to particularly appeal to children. While the franchise of regular Colgate covers all age groups, there was found to be a slight variance in favour of the older users. With minty gel, Fernando Guerra, product manager, believes this will be rectified.

### A year from now . . .

The company anticipates that within twelve months regular Colgate will have a 21 per cent market share (a 5 per cent drop in current share) but gel will have captured 13 per cent of the market becoming the number two brand.

While gels have not done too well in the past, Colgate are confident they are now onto a winner. Their previous foray into this sector of the market was with Cherish. Aimed at child users it did not

score too highly on flavour, says Mr Guerra. In research, however, the new minty gel scored much higher than a paste variant which was seen as a mere line extension.

Mr Guerra predicts that the gel will take share primarily from Crest, Macleans and Signal and will expand the market by some 11 per cent.

Television advertising commences late February to run nationally for three months. Worth £2m the campaign will point out there are now two Colgate variants and features children enjoying the minty taste of the gel. A further £4.7m will be invested in television advertising over the next 12 months and £750,000 in the women's Press. The remainder will be invested in consumer and trade promotions. A national sampling operation to the 65 per cent of households with children is to be undertaken and dental education kits will be distributed in schools.

Self-erect shippers will contain 72 large size tubes of both Colgate regular and



Colgate Blue Minty Gel is expected to capture a 13 per cent share of the market in its first year

Blue Minty Gel. Minty gel comes in the same sizes and will retail at the same price as Colgate Dental Cream.

Discussing the recent television commercial depicting a grocer extolling the "zero fillings" obtainable with Colgate fluoride, Mr Guerra says he understands any unease felt by pharmacists. The Independent Television Contractors Association insisted we show the shopkeeper as a grocer, he says, and clearly label him as such. Their regulations state that pharmacists cannot appear to be endorsing any brand and they are now saying the grocer should not really be wearing a white coat. Colgate-Palmolive Ltd, 76 Oxford Street, London.

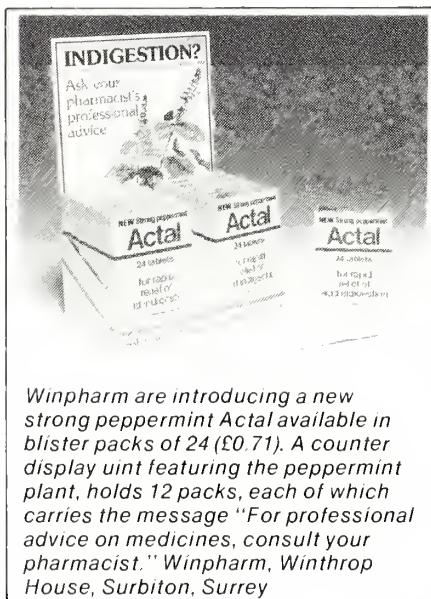
## Beecham test Headlines

Beecham are currently testing an anti-dandruff shampoo, Headlines, in the form of a cream gel in a large tube according to last week's *Marketing Week*. The gel is said to be striped, with one stripe containing the anti-dandruff ingredient and the other a conditioner. A launch later this year is forecasted but Beecham's response to C&D's inquiry was "we never comment on rumours about our new product promotion." Beecham Proprietaries-Toiletries, Beecham House, Great West Road, Brentford, Middlesex.

## Marigold pays the mortgage

The first prize in a consumer competition on Marigold housegloves offers the winner the choice of either having the mortgage paid off or a new home, to the value of £20,000.

During February and March all Marigold packs will be flashed, with competition details on a leaflet inside. Entrants have to match ten household activities to the most suitable Marigold gloves. Proof of purchase from one brand permits one entry, two allows three



Winpharm are introducing a new strong peppermint Actal available in blister packs of 24 (£0.71). A counter display unit featuring the peppermint plant, holds 12 packs, each of which carries the message "For professional advice on medicines, consult your pharmacist." Winpharm, Winthrop House, Surbiton, Surrey

entries, and three allows six entries. Six thousand runners-up will receive money-off vouchers on Marigold products. POS material will highlight the promotion.

Details of a retailer competition will be distributed during this promotional period. Winners will be invited to the Marigold New Orleans charity evening in May at a top London hotel with entertainment by Acker Bilk and his Jazz Band. LRC Products Ltd, North Circular Road, London E4 8QA.

## Additions by Woods of Windsor

Woods of Windsor have announced additions to their perfumery range. A hand and body lotion in a pump dispenser (£2.50) is designed to co-ordinate with the existing toilet waters and soaps.

A booklet of soap leaves (£0.45 for 10) is available in four fragrances — the display outer contains 24 booklets of each fragrance. The miniature travel collection (£3.95) is a clear, waterproof drawstring bag containing a miniature hand and body lotion, bath gel, talc, shampoo and two guest soaps.

Traditional fragrance soaps are presented in printed fabric bags (£1.50) and additions have been made to the recently launched Men's Collection. A badger hair shaving brush with terracotta handle (£12) has been introduced to match the existing terracotta shaving mug, for which there is now a refill (£1.95).

A wildflower Spring promotion package designed for Mother's Day and Easter comprises a display unit containing a £126 selection of gift products at a 5 per cent discount. Woods of Windsor now have bulk 2 kilo sacks of pot pourri in a choice of four fragrances (£0.75 an ounce). Woods of Windsor Ltd, Queen Charlotte Street, Windsor, Berkshire.



# HERE'S PROFIT ON A PLATE.

● Super Poli-Grip, the No. 1 cream denture fixative, is back on TV for 5 weeks, from February 21st.

● Sales have risen dramatically since our last TV burst.

● This year there's even more money behind Super Poli-Grip than ever before.

● 18 million people in the UK wear dentures and the demand for fixatives is escalating.

● The profits are gold-plated. Don't miss out. For details of the bonus and special offers, see your Stafford-Miller representative or phone Hatfield 61151. Now.



**SUPER POLI-GRIP. FROM STAFFORD-MILLER.  
THE LEADING NAME IN DENTURE FIXATIVES.**



# A FEW WORDS FROM ABOUT:

When we launched our new Ladycare range last year, it was received with great enthusiasm.

Ten months later, Ladycare is enjoying even greater success.

It seems that we've not only satisfied an obviously growing need in the market, but we've also got the entire Ladycare package absolutely right.

Women were pleased that a new range

of vitamin and mineral supplements had been developed especially for them.

Each formulation was created for a different stage in their lives.

Ladycare No.1 – designed for use during the menstrual cycle.

Ladycare No.2 – specially formulated for use during the menopause.

And Ladycare No.3 – specifically for those over 50's.

# AND A FEW WORDS FI

[illegible]



Women liked the fact that Ladycare was a natural product, safe to take and from a respected name in the health business. They also appreciated the care that had been taken with the advertising. They found it sympathetic and understanding. They liked the helpful, informative leaflets that accompanied the merchandisers in store. But most importantly, our female

If you're not stocking Ladycare, and would like more information, contact Len Weston, Customer Services Manager on Byfleet 44402, or talk to your local wholesaler.

**HEALTHCRAFTS**

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LADYCARE  
and early, midlife,  
late life and menopause  
THE MENSTRUAL CYCLE

LADYCARE  
and the  
menopausal stage  
OF LIFE

LADYCARE  
THE OVER 50s



# SHOWRAX

## for the Modern Pharmacy

**FREE  
OFFER**



## Designed for Pharmacists

To survive and prosper in the 1980's it's not sufficient to be a professional pharmacist. You need to be a professional retailer as well. Both your dispensary *and* your sales area must really work hard for you.

So when you're considering modernisation or improvements, it's important to talk to a shopfitting company which thinks as you do. And that's where we can help.

The Showrax system is designed to satisfy the needs of your sales area *and* your dispensary. Although it's made up from low-cost, factory-made modules, you can choose the exact colours, materials and layout you require to keep your pharmacy unique.

So if you're contemplating improvements, send for our Information Pack. It contains everything you need to know about pharmacy shopfitting and it's yours **FREE** by return of post.

To: Baxter Fell Northfleet Limited,  
Tower Works, Lower Road, Gravesend, Kent.  
Telephone: 0474-60671



C D 5

Please send me my **FREE** Pharmacy Information Pack

Name

Address

Tel. No.

The  
Northfleet  
Group

# SHOWRAX



# COUNTERPOINTS

## Cameo caters for market extremes

Two additions — maxi pads and pant liners — have been made to the Cameo sanpro range.

Says brand manager, Merrill Cotman: "Cameo maxi pads offer extra absorbency and security for those with particularly heavy periods, and, the pant liners, we are confident, will be popular with women taking the pill, whose light periods require minimum amount of protection. They are also ideal for giving additional security to tampon users, and for extra freshness and general feminine hygiene at any time of the month."

Pant liners will retail at around £0.36p for 10, or £0.70p for 20 and maxi pads £0.68 for 10.

A flash pack promotion is currently running on the press-on lines, Super are retailing at £0.48, regular at £0.43 and mini pads at £0.33. For the retailer, there is 13 per cent discount on normal trade prices. *Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield.*

## Oral-B gets TV support

Oral-B is to be advertised on television in the London and Central regions during February, March and April. The 30 second commercial features both the standard Oral-B range and right angle. This follows a "highly successful" Oral-B campaign in London last Summer which saw Oral-B awareness increase by over 40 per cent and sales by 32 per cent. *Cooper Health Products Ltd, Gateshead Road, Aylesbury, Bucks HP19 3ED.*

## Atrix in a tub

From February 14, Atrix cream (52g) is to be replaced by a 50ml tub. This follows the recent repackaging of 30g tubes of Atrix cream in 30ml tubes. *Smith & Nephew Consumer Products, PO Box 81, Hessle Road, Hull HU3 2BN.*

## Personally yours by Clairol

A trade promotion by Clairol offers a range of luxury leather goods when four Clairol products are bought in quantity.

The foot spa, hot "Afro" comb, flexibrush and 1200 hairdryer each carry a number of points which, when added together, qualify the retailer for leather



This Radian display unit is linked to a bonus deal. In return for a period of display the individual packs in the unit will be replaced free of charge by Radiol Chemicals Ltd, Stepielf, Witham, Essex CM8 3AG

gifts of varying value. Items available include a black calf hide briefcase, executive games compendium, hip-flask and cheque book wallet. Each gift can be personalised with up to four initials.

The "Personally Yours" promotion is open to all Clairol stockists, except those already receiving promotional support, and runs until February 18. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

## ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is

<b>Algipan:</b>	So
<b>All Clear shampoo:</b>	All areas
<b>Anadin:</b>	All areas
<b>Bic razors:</b>	All areas
<b>Cidal soap:</b>	Bt
<b>Cleasil cleansing lotion and deep cleansing milk:</b>	All except G,B,We
<b>Delrosa health drink:</b>	All except U, CI, E
<b>Farley's rusks:</b>	Ln,M,Lc,Y,Sc,NE
<b>Fennings Little Healers:</b>	Y
<b>Hedex:</b>	All except U & E
<b>Metamucil:</b>	NE,M,Y
<b>Oil of Ulay:</b>	Ln,So,G,M
<b>Oral B:</b>	Ln,M
<b>Paddi Cosifits:</b>	All areas
<b>Sanatogen multivitamins:</b>	All areas
<b>Simple skin care range:</b>	Ln,M,(inc Bt)
<b>Sunsilk shampoo:</b>	All areas
<b>Thick Parazone:</b>	All areas

BT = Breakfast television

# In the control of hyperacidity Patients prefer Gastrils Antacid Pastilles



- 1 \* because Gastrils are more palatable
- 2 \* because Gastrils have fewer side effects



## STOCK & DISPLAY Gastrils Antacid Pastilles IN THE NEW 6-CARTON OUTER PACK

BRAND NAME: GASTRILS ANTACID PASTILLES





## Mass market appeal for Gillette's 'fruity' facial scrub

Aapri facial scrub has been launched by Gillette and is, they say, a unique product with a unique performance providing a major profit opportunity.

Gillette claim that they are opening up a new category in the skincare market, now worth £125m in the UK with the cleansers section worth £17m. Until now, they say, there has been a concentration on "me too" products, with no major innovations.

The product was launched in the United States 18 months ago and achieved a 16 per cent brand share in the cleanser market.

Aapri is targetted to the mass sector of the market and will develop a sector between the medicinal and up-market areas. Gillette are aware of the harsh connotations of the word "scrub" and will be taking an educational stand in the consumer advertising. They will also be placing heavy emphasis on trial believing this will lead to subsequent demand. Marketed under the Aapri Cosmetics banner, Gillette are leaving the way open for future possible additions. Aapri is fragrance-free and made from finely crushed apricot seeds. It is suitable for use on all skin types and for a wide age

range. Packed in a white tube, Gillette say it will provide a point-of-difference on the shelf. In two sizes, 50ml (£1.75) and 100ml (£2.59), the larger tube should provide 20 applications.

There will be a sampling campaign to three and a half million homes which Gillette hope will reach one in six of all UK households. The women's Press will carry samples and there will be trial sizes (16ml, £0.49) at POS. Merchandisers include shoebox, counter and floor-stands and shelf reservers. *Aapri Cosmetics, Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

## Soap for babies from Unichem

A soap has been added to Unichem's range of baby products. It is formulated to be mild on the skin and has a light fragrance. The packaging — white with blue lettering — matches the rest of the range. The 75g tablets (£0.18) are packed in cases of 24 (£2.64). Unichem say there will be a 36 per cent mark up on sale. *Unichem Ltd, Crown House, Morden, Surrey.*

## Keeping it cool with Thermos

Thermos are adding to their range of "Keep it cool" products following the success of the insulated bag introduced last year.

Intended specifically for Summer use, the "Keep it cool" snack jar is made from unbreakable insulated plastic and has a wide neck for easy dispensing. The snack jar (£3.30) has a capacity of 0.25 l and is red and white, in keeping with the rest of the range. A special twin-pack includes a free plastic spoon.

A 0.5 capacity "Keep it cool" food jar (£2.95) is to be launched in February. It has a handle for easy carrying and holds two portions of food.

Also, Thermos are introducing a one litre flask with a "twist and pour" stopper, which dispenses the contents without having to be removed. The flask (£4.25) is stone coloured with a burgundy cup. A label emphasises the stopper design at POS. *Thermos Ltd, Ongar Road, Brentwood, Essex.*

## Sunrise, Sunset with Outdoor Girl

Outdoor Girl's Spring and Summer fashion colours are the shades of sunrise and sunset.

The sunrise colours include shadow frost (£0.99) in sunrise pink; shadow stick (£0.59) in sunpink gold; cream blusher (£0.65) in sunny coral; pearl lipstick (push-on £0.65, swivel £0.90) and flexi-nail nail polish (£0.87) in vermilion sunrise and sungold pink. The sunset colours include shadow frost in starlit garnet; shadow stick in moonlight orchid; liquid liner in blue indigo; cream blusher in dusky damson; pearl lipstick and flexi-nail nail polish in magenta sunset.

The colours are currently available and will be long-term colours. *Gala Cosmetics and Fragrances Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth.*

## Cidal campaign on TV am

The first television campaign for Cidal soap will run from February until September with 85 spots appearing nationally on breakfast television. To emphasise the deodorant properties of Cidal, the theme is "Start fresh, stay fresh". *Albion Soap Co Ltd, 113 Station Road, Hampton, Middlesex TW12 2DY.*



# Healthy wealthy & why's

Why Benylin?

**Because.** Benylin\* is the most tried and trusted cough product of all. You know it makes a good recommendation. Your customers ask for it by name, because they're convinced of its effectiveness in coping with most kinds of coughs.

Why Benylin?

**Because.** There's now a formulation of Benylin for every customer and most types of cough. Joining the very successful Benylin Expectorant, there's the popular Fortified Linctus and Paediatric, and now new Benylin Mentholated for nasal congestion.

Why Benylin?

**Because.** You know Benylin as your prime profit winner. With every product in the range working hard for you, you'll find more than ever that stocking and displaying Benylin is the wisest move you can make.



Further information and data sheets are available on request.

**PARKE-DAVIS**

part of the Warner-Lambert Group

Ask Road, Pontypool, Gwent NP4 0YH.

**WARNER  
LAMBERT**

\*Trade mark R82249

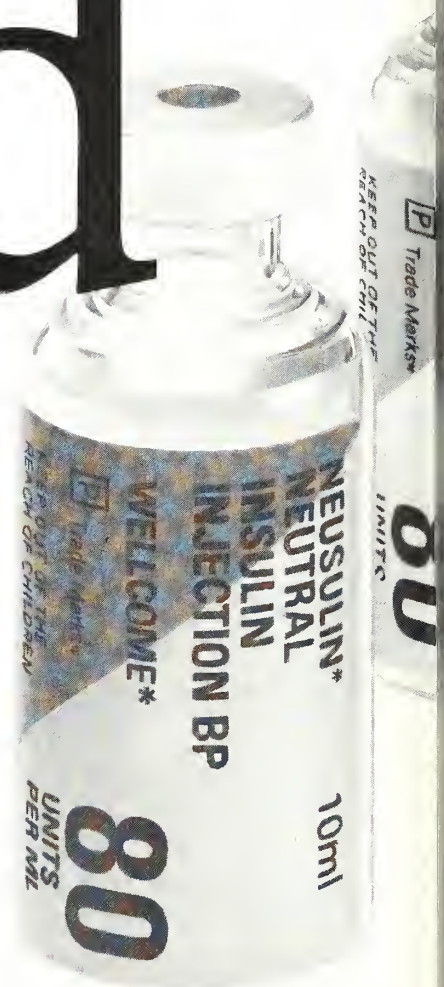
# Benylin

## YOUR TOP PROFIT WINNER

Benylin range: Expectorant: Diphenhydramine HCl BP14mg, Ammonium Chloride Ph Eur 135mg, Sodium Citrate Ph Eur 57mg, Menthol BP11mg. Fortified: Diphenhydramine HCl BP14mg, Dextromethorphan HBr Ph Eur 5mg and Sodium Citrate Ph Eur 57mg, Menthol BP11mg. Paediatric: Diphenhydramine HCl BP7mg, Sodium Citrate Ph Eur 28.5mg, Menthol BP0.55mg. Mentholated: Diphenhydramine HCl BP14mg, Dextromethorphan HBr Ph Eur 6.5mg, Pseudoephedrine HCl BP22.5mg, Menthol BP1.75mg.



# In a ch world



WELLCOME PURIFIED INSULIN



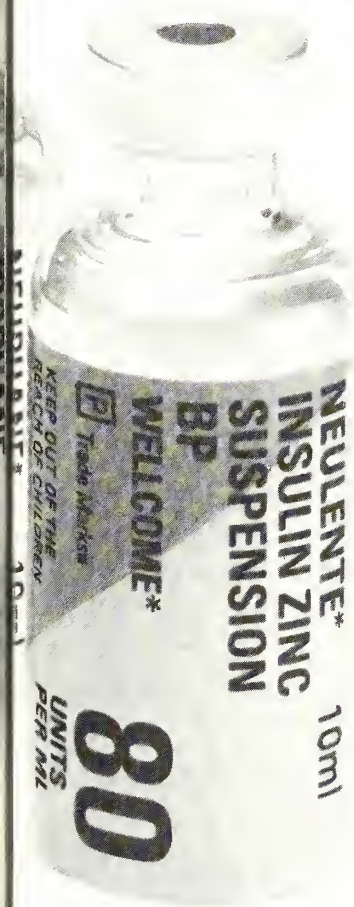
# anging

Starting from March 1st 1983, many insulins will be brought into line in 100 unit strengths.

Naturally, Wellcome Purified Insulins are no exception. Neusulin, Neuphane and Neulente will be available in U100 form. Insulin Injection BP (purified) Wellcome\* will also be available, as a 100 unit preparation.

What hasn't changed is their quality; they offer smooth, prolonged and effective control for most diabetics. And, as you know, Wellcome — the first British pharmaceutical company to manufacture insulins — has always been innovative in the production of service items that contribute towards an optimal control of the condition.

Wellcome Insulins — a history of quality; a future of development.



## Neusulin\*

Neutral Insulin Injection BP (purified) Wellcome

## Neuphane\*

Isophane Insulin Injection BP (purified) Wellcome

## Neulente\*

Insulin Zinc Suspension BP (purified) Wellcome

## WARDS OPTIMAL CONTROL.

Wellcome Medical Division  
The Wellcome Foundation Ltd, Crewe, Cheshire

\* Trade Mark



Wellcome



## Kodak improve speed, grain and colour...

Eastman Kodak have announced three 35mm colour negative films embodying breakthroughs in chemical technology that allow for improved speed, grain, and colour reproduction as well as increased sharpness, they say.

Kodacolor VR100, 200 and 400 join the previously announced Kodacolor VR1000 film (*C&D*, October 23, 1982, p763), which uses new flat tablet (T-grain) emulsion technology.

The four films represent the first application of advanced coupler and image-dye film technology to 35mm films. They have an extremely wide exposure latitude and can give pleasing results with existing ambient illumination. Users will be able to get good pictures even if they make exposure errors or the scene

contains both brightly lighted and dark subjects, say Kodak.

The family of Kodacolor VR films will be packaged in new trade dress cartons and all the new films are designed for the existing C-41 process. Kodacolor VR1000 film will be available in the Spring while Kodacolor VR100, 200 and 400 films will be available by Christmas. *Kodak Ltd, PO Box 66, Hemel Hempstead, Herts.*

## ...and so do Fuji!

Fuji are to launch 100 and 400 ASA colour print films early in the Summer with three technical innovations which they say, offer better grain and sharper more vivid colour.

Fujicolour HR film incorporates specially designed structured silver halide crystals with a high light sensitivity and fine grain. Sizes will fit 110, 126, 120 and 35mm format with 200 ASA disc film to follow shortly. *Fujinex Ltd, Faraday Road, Dorcan, Swindon, Wilts.*

## CPC gymnastics

The British Amateur Gymnastics Association is to receive £25,000 in sponsorship from CPC (UK) Ltd, manufacturers of Dextrosol glucose tablets. The Dextrosol International Gymnastics will be held at Wembley Arena on March 5. The event is to receive national television coverage and leaflets will be mailed to 35,000 schools and gymnastic clubs. Trade price promotions through Numark and Unichem are also planned. *CPC (United Kingdom) Ltd, Claygate House, Esher, Surrey.*

## 'Eye care' for sensitive eyes

A range of eye cosmetics formulated in France by Contapharm Laboratories for contact lens wearers is now available in the UK.

The makers claim that the "Eye care" products are jelly based and therefore avoid the hazards of drying out and particulation. All powder products have been eliminated, solids reduced to minimal proportions, and dyes avoided so that the risks of infection and irritation are minimised.

"Eye care" comprises emulsion make up remover (100ml, £3.34), lotion make up remover, (100ml, £3.08), eyeliner in three shades (£3.53), cream shadow in smoke grey, blue, brown and green (£3.82), mascara in three shades (£3.70), and a crayon liner (£1.95).

A display unit (trade £131.23) is

available containing six lotions, six emulsions, and four of each shade of shadow, liner and mascara. A trade discount of 10 per cent is available until March 31. *Leon Greenfield Ltd, 1 Ash, Kembrey Park, Swindon, Wilts SN2 6UN.*

## More Macdonalds

Macdonald's cotton wool has a 33 per cent extra product promotion running on handy pleat. Flashed with "33 per cent extra free", offer packs will be available while stocks last. The extra product is in the width of the pleat rather than the length. *Macdonald & Taylor Division, The Wellcome Foundation Ltd, Lion Mill, Royton, Oldham, Lancs.*

## A helping hand from Dr White's

Lilia-White are offering a helping hand to consumers in a Dr White's promotion.

In return for four proofs of purchase (two must have the helping hand symbol) the consumer can get free, either £1.50 worth of television license stamps, £1.25 in Dr White's coupons, or £1 in cash. The offer will feature in February and March on flashed packs of 10, sizes one and two, and runs until January 31, 1984. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

Tonicon tonic sweets are now in 150 packs and not as stated in *C&D* January 15 issue.

## Generic prices up

Wallis Laboratory Ltd, suppliers of generic analgesic tablets to many major chemist wholesalers, have increased the price of aspirin and soluble aspirin tablets by 10-12 per cent. They say that price increases for paracetamol tablets will be limited to an average of 4 per cent, effective from February 1. Wallis claim to be the UK's largest manufacturer of non-branded analgesic tablets. *Wallis Laboratory Ltd, 11 Camford Way, Sundon Park, Luton LU3 3AN.*

## PRESCRIPTION SPECIALITIES

### Parlodel packs

A 100 tablet pack of Parlodel 2.5mg tablets is now available from Sandoz (£25.17 trade). *Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds LS18 4RP.*

### Norval in 500s

A 500 pack of Norval 20mg tablets has been introduced by Bencard. The tablets will be in a reclosable plastic container (£69.58 trade). *Bencard, Great West Road, Brentford, Middlesex TW8 9BD.*

### Smaller Augmentin

Beecham have reduced the size of Augmentin tablets, making them easier to swallow, the company says. The strength is the same and the new tablets are available in 30 and 100 packs. Price is unchanged. *Beecham Research Laboratories, Beecham House, Great West Road, Brentford, Middlesex.*

## Preparing for the insulin changeover

Orders for the Nordisk range of 100iu/ml insulins will be processed by distributors Leo Laboratories from about February 15 for the purpose of stocking up for the changeover on March 1. However the company points out that the British Diabetic Association are anxious that patients should not be converted before that date. Both 40 and 80 iu/ml insulin will be available as long as there is viable demand, say Nordisk. *Leo Laboratories, Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9RR.*

*Chemist & Druggist 5 February 1983*



# DENDRON LTD.

## New prices effective from February 1st 1983

Product	Size	Pack Outer	Rec. Retail Incl V A T each	Standard List Excl V A T per dozen	Product	Size	Pack Outer	Rec. Retail Incl V A T each	Standard List Excl V A T per dozen
<b>PHARMACEUTICALS</b>					<b>TOILETRIES</b>				
DDD Medicated Lotion	30ml	1 Doz	£ 0.93	£ 7.66	Deep Down Cleansing Tonic	115ml	1 Doz	£ 1.15	£ 8.42
DDD Medicated Lotion	58ml	1 Doz	£ 1.27	£ 10.46	Deep Down Cleansing Mask	75g	1 Doz	£ 0.89	£ 6.52
DDD Extra Strong Lotion	58ml	1 Doz	£ 1.37	£ 11.29	Cosmedin Lotion Yellow for Greasy Skin	115ml	1 Doz	£ 1.05	£ 7.69
DDD Medicated Cream (Tubes)	18g	1 Doz	£ 0.79	£ 6.51	Cosmedin Lotion Pink for Dry Skin	115ml	1 Doz	£ 1.05	£ 7.69
DDD Medicated Cream (Jars)	30g	1 Doz	£ 1.05	£ 8.65	NuNale Liquid	30ml	1 Doz	£ 0.43	£ 3.15
DDD Soap	75g	1 Doz	£ 0.43	£ 3.54	Super NuNale Nail Care Lotion	30ml	1 Doz	£ 0.79	£ 5.78
Medijel Gel	12.5g	1 Doz	£ 0.69	£ 5.05	NuNale Nail File	110ml	1 Doz	£ 1.15	£ 8.42
Medijel Pastilles	25's	1 Doz	£ 0.73	£ 5.35	NuNale Nail Polish Remover	30ml	1 Doz	£ 0.73	£ 5.35
Blisteze	3.5g	2 Doz	£ 0.61	£ 4.47	NuNale Cream	125ml	1 Doz	£ 1.35	£ 9.89
Blistik	4.25g	2 Doz	£ 0.51	£ 3.73	Perform Hair Set Regular	125ml	1 Doz	£ 1.35	£ 9.89
Dentinox Liquid	9ml	1 Doz	£ 0.75	£ 5.49	Perform Hair Set Extra	7ml	1 Doz	£ 0.89	£ 6.19
Dentinox Gel	10g	1 Doz	£ 0.72	£ 5.27	Sonarex	15ml	1 Doz	£ 1.75	£ 12.82
Dentinox Fluoride Toothpaste	18ml	1 Doz	£ 0.61	£ 4.47	<b>FOODS (zero rated for VAT)</b>				
Dentinox Colic Drops	20ml	1 Doz	£ 0.87	£ 6.37	Ruthmol Shaker	50g	1 Doz	£ 0.45	£ 3.79
Fever Scan Temperature Taker		1 Doz	£ 1.65	£ 12.08	Ruthmol Refill	250g	1 Doz	£ 1.90	£ 16.17
Medi Spoon		1 Doz	£ 1.65	£ 12.08	Jordans Crunchy Bars	32g	8 Doz	£ 0.12	£ 1.08
Bath Rite Indicator		1 Doz	£ 1.95	£ 14.28	Jordans Crunchy Bars	6 pack	1 1/2 Doz	£ 0.68	£ 1.02
Regular Water-On Emulsion	450ml	1 Doz	£ 4.63	£ 33.90	Original Crunchy with Honey, Almonds & Raisins	1 lb	1 1/2 Doz	£ 0.50	£ 4.50
Super Water-On Emulsion	450ml	1 Doz	£ 4.95	£ 36.25	Original Crunchy with Bran and Apple	12 oz	1 1/2 Doz	£ 0.48	£ 4.32
Water-On Tonic	450ml	1 Doz	£ 3.69	£ 27.02	Country Bran	10 oz	1 Doz	£ 0.24	£ 2.16
Nibite	7.5ml	1 Doz	£ 0.53	£ 3.88	Country Muesli	1 lb	1 1/2 Doz	£ 0.56	£ 5.04
Simpsons Foot Ointment	60g	1 Doz	£ 0.67	£ 4.91	Dried Yeast	4 oz	2 Doz	£ 0.52	£ 4.68
Dentifoam Denture Cleaner	35ml	1 Doz	£ 0.47	£ 3.44	100% Wholewheat Flour	1 5kg	1 Doz	£ 0.56	£ 5.04
Clinicomb	25		£ 1.38	£ 9.60	Toasted Muesli (Tubs)	2 5 ozs	3 Doz	£ 0.22	£ 1.98
W 5 Tablets	180 Tblts		£ 23.00	£ 168.42	<p>*Price maintained medicine P Pharmacy only</p> <p>Dendron Limited, 94 Rickmansworth Road, Watford, Herts. WD1 7JJ Telephone Watford 29251 Telex number 935610</p> <p><b>Dendron Ltd.</b></p>				
Nicobrevin Capsules	48's	1 Doz	£ 5.99	£ 43.86					
<b>STAIN DEVIL STAIN REMOVERS</b>									
Fruit & Wine Stain Devil	50g	1 Doz	£ 0.89	£ 6.52					
Mould & Ink Stain Devil	50g	1 Doz	£ 0.89	£ 6.52					
Coffee & Tea Stain Devil	50g	1 Doz	£ 0.89	£ 6.52					
Grease & Oil Stain Devil	40ml	1 Doz	£ 0.89	£ 6.52					
Tar & Paint Stain Devil	40ml	1 Doz	£ 0.89	£ 6.52					
Glue & Chewing Gum Stain Devil	45ml	1 Doz	£ 0.89	£ 6.52					
Blood & Milk Stain Devil	45ml	1 Doz	£ 0.89	£ 6.52					
Ball Point Pen Stain Devil	45ml	1 Doz	£ 0.89	£ 6.52					
Felt Tip Pen Stain Devil	45ml	1 Doz	£ 0.89	£ 6.52					
Rust & Iron Mould Stain Devil	50g	1 Doz	£ 0.89	£ 6.52					

# IMPROVING YOUR MEDICATION DISPLAYS COULD MAKE YOUR TURNOVER BETTER



A professionally designed shop fitting system can make a great improvement to a poorly turnover. Especially when it's designed by Lamar.

Our units are adaptable, easy to assemble and extremely well priced. They can be linked together to suit any floor area and have internal and external corner units to prevent wasting any space.

To personalise these fittings, we can also print your company name and logo on the fascia boards.

So for all the details about giving your turnover a new lease of life, return the coupon straight away.

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For further information send to: Lamar Shopfittings, PO Box 107, South Marston Lane, South Marston, Swindon, Wiltshire. Tel: (0793) 821877

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Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel No \_\_\_\_\_



Supersoft's new range.

**Supersoft**

**HENNA SHINE  
CONDITIONER**  
for Normal Hair



**Supersoft**

**EXTRA CARE  
CONDITIONER**  
Protein Enriched for  
Dry and Heat Styled Hair



**Supersoft**

**— OIL FREE —  
CONDITIONER**  
for Greasy Hair



**Prett  
to turn m**





You'll notice we've improved our looks. And the changes aren't merely skin deep, either.

Ahead of our competitors, we've introduced a unique 'Extra Care' formula to our shampoos and conditioners, that's protein enriched for dry and heat styled hair. Not only that, our hairsprays now have a 'Natural Hold' on the competition.

These improvements make our new range even more appealing. (As you'll soon realise when you stock it.)

For while sales of other hair lines have been receding, Supersoft's have kept on growing.

# er faces re heads.



A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement.

**No visible means of support.**

Introducing a new exciting range of support styles:

- Microfiber Support Tights • Traveler's Comfort Tights
- Light Support • Microfiber Tights
- Microfiber Tights • Microfiber Tights
- Microfiber Tights • Microfiber Tights

For more information, visit [www.hanes.com](http://www.hanes.com)

A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement. The headline 'No visible means of support.' is in a large, bold, sans-serif font. Below it, in a smaller font, is '...and a surprisingly appealing range of support styles:'. Then, there are two columns of text listing different styles: 'All-day support styles: Traveler's Comfort Tights, Traveler's Comfort Briefs, Traveler's Comfort Briefs, Traveler's Comfort Briefs' and 'Light support styles: Traveler's Comfort Tights, Traveler's Comfort Briefs, Traveler's Comfort Briefs, Traveler's Comfort Briefs'. The Hanes logo is at the bottom right.

**No visible  
means of support.**

...and a surprisingly appealing range of support styles:

All-day support styles: Traveler's Comfort Tights, Traveler's Comfort Briefs, Traveler's Comfort Briefs, Traveler's Comfort Briefs

Light support styles: Traveler's Comfort Tights, Traveler's Comfort Briefs, Traveler's Comfort Briefs, Traveler's Comfort Briefs

**Hanes**

A full-page advertisement for Hanes underwear. The top half of the page features a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose against a background of a cloudy sky. The bottom half of the page is white and contains the text of the advertisement. The headline reads 'No visible means of support.' in a large, bold, sans-serif font. Below the headline, it says 'Introducing a new exciting range of support styles:' followed by a list of product types: 'Ultra-light support styles', 'Traveler's Comfort Tights', 'Light support styles', 'Cottony Tights', and 'Ultra-light support styles'. The Hanes logo is at the bottom right.

**No visible  
means of support.**

Introducing a new exciting range of support styles:

- Ultra-light support styles
- Traveler's Comfort Tights
- Light support styles
- Cottony Tights
- Ultra-light support styles

**Hanes**

A full-page advertisement for Hanes underwear. The top half of the page features a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose against a background of a cloudy sky. The bottom half of the page is white and contains the text of the advertisement. The headline reads 'No visible means of support.' in a large, bold, sans-serif font. Below the headline, it says 'Introducing a new exciting range of support styles:' followed by a list of product types: 'Ultra-light support styles', 'Traveler's Comfort Tights', 'Light support styles', 'Cottony Tights', and 'Ultra-light support styles'. The Hanes logo is at the bottom right.

**No visible  
means of support.**

Introducing a new exciting range of support styles:

- Ultra-light support styles
- Traveler's Comfort Tights
- Light support styles
- Cottony Tights
- Ultra-light support styles

**Hanes**

A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement. The headline 'No visible means of support.' is in a large, bold, sans-serif font. Below it, in a smaller font, is '...and a surprisingly appealing range of support styles:'. Then, there are two columns of text listing different styles: 'Ultra-thin support styles: Traveler's Comfort Tights, Invisible Support Stockings' and 'Light support styles: Silky Tights, Invisible Tights, Invisible Tights'. At the bottom, there is a small logo for 'Hanes' and a website address 'www.hanes.com'.

**No visible  
means of support.**

...and a surprisingly appealing range of support styles:

Ultra-thin support styles: Traveler's Comfort Tights, Invisible Support Stockings

Light support styles: Silky Tights, Invisible Tights, Invisible Tights

**Hanes** [www.hanes.com](http://www.hanes.com)

A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement. The headline 'No visible means of support.' is in a large, bold, sans-serif font. Below it, in a smaller font, is '...and a surprisingly appealing range of support styles:'. Then, there are two columns of text listing different styles: 'Ultra-thin Support' (Traveler's Comfort Tights, Invisible Panties, Invisible Briefs, Invisible Boxers, Invisible Briefs, Invisible Boxers) and 'Light Support' (Cottony Tights, Cottony Panties, Cottony Briefs, Cottony Boxers). The Hanes logo is at the bottom left, and the website 'www.hanes.com' is at the bottom right.

**No visible  
means of support.**

...and a surprisingly appealing range of support styles:

**Ultra-thin Support** Traveler's Comfort Tights  
Invisible Panties Invisible Briefs Invisible Boxers

**Light Support** Cottony Tights  
Cottony Panties Cottony Briefs Cottony Boxers

**Hanes** [www.hanes.com](http://www.hanes.com)

A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic, slightly crouched pose. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement. The headline 'No visible means of support.' is in a large, bold, sans-serif font. Below it, in a smaller font, is '...and a surprisingly appealing range of support styles:'. Then, there are two columns of text listing different styles: 'Ultra-thin support styles: Traveler's Comfort Tights, Invisible Support Stockings' and 'Light support styles: Silky Tights, Invisible Tights, Invisible Tights'. At the very bottom, in a small font, is 'Hanes Underwear'.

**No visible  
means of support.**

...and a surprisingly appealing range of support styles:

Ultra-thin support styles: Traveler's Comfort Tights, Invisible Support Stockings

Light support styles: Silky Tights, Invisible Tights, Invisible Tights

Hanes Underwear

A full-page advertisement for Hanes underwear. The top half of the image shows a woman from the waist down, wearing a short, pleated skirt with horizontal stripes and black high-heeled sandals. She is in a dynamic pose, with one leg bent and the other extended. The background is a bright, cloudy sky. The bottom half of the image is white and contains the text of the advertisement. The headline reads 'No visible means of support.' in a large, bold, sans-serif font. Below the headline, there is a paragraph of text: 'Introducing a new, exciting range of support styles: Ultra-Duty Support, Traveler's Comfort Tights, Light Support, and more. Hanes underwear is the new way to feel supported.' To the right of this paragraph, there is a list of product names: 'Ultra-Duty Support', 'Traveler's Comfort Tights', 'Light Support', and 'Hanes underwear'. The list is arranged in a grid-like fashion. The overall tone of the advertisement is professional and stylish.

**No visible means of support.**

Introducing a new, exciting range of support styles:

- Ultra-Duty Support
- Traveler's Comfort Tights
- Light Support
- Hanes underwear



# Chemists missing a professional sales opportunity?

Many more women could benefit from support hosiery if they knew about it. And who better to tell them of the therapeutic advantages than the pharmacist?

Independent chemists have been unbelievably slow to realise the opportunity offered by over-the-counter support hosiery. It is an ideal market for them — high value merchandise, medically-orientated, growing steadily, yet so far fragmented among a wide variety of outlets. To date, Boots and the department stores have made the running, but with so many plusses in terms of customer profile, the independent chemist could surely take a lion's share of sales with a minimum of effort.

### Differences of approach

Attitudes to the market differ markedly between the manufacturers involved, depending upon whether they approach it from a tradition in fashion hosiery or in medically-prescribed surgical hosiery. But since a woman wears support hosiery as a substitute for "fashion" garments, it is necessary to set the support sector into the overall market context.

A major manufacturer of fashion hosiery, and claiming 50 per cent of support sales when contract manufacture of own labels is taken into account, is Pretty Polly. They record that following a decline in 1980, the total market has remained static at around 44 million dozen pairs, worth £250m — an average per capita consumption of 23 pairs per year.

Sales in 1982 were adversely affected by a longer than usual and more pronounced "bare leg" Summer. The level of imports has also hit UK manufacturers over the past two years. Having held constant during the late 1970s at around 8 per cent of all domestic sales, imports now approach 20 per cent of the UK market and are expected to increase even further in 1983. The major overseas source is Italy.

Overall, sales of conventional tights continue to account for 83 per cent of total market volume, with stockings taking a further 8 per cent and knee-high 7 per cent. Although market size has remained relatively static, there have been

significant changes in outlet structure over the past five years. In 1982 volume sales through grocery outlets increased by an estimated 12 per cent, growing the sector share to 35 per cent and taking sales away from both drapery and, to a lesser extent, chain stores. Department stores and drapery now account for 17 per cent of the market while chain stores hold 25 per cent. It is estimated that chemists (including Boots) account for some 8 per cent of the total hosiery market.

But chemists are much stronger in the support market, and Textile Market Studies data suggests they account for approaching 40 per cent of sales, with department stores and drapery holding 30 per cent and chain stores 10 per cent. Pretty Polly say that growth in support hose has not maintained earlier momentum, and sales now account for just over 2 per cent of the total hosiery market. But that is volume — in terms of

value the picture is quite different, with support representing almost 10 per cent of the market: some £18-20m. Pretty Polly expect 1982 sales of support hose to have reached a million dozen pairs, with tights accounting for 90 per cent of this figure.

### Healthy growth

In quoting Pretty Polly we have already shown up some divergence of view from the traditionally chemist-orientated Lastonet and Scholl.

Scholl say that support hosiery is showing "healthy growth," with sales of tights up from 13 million pairs in 1980 to 14m in 1981 and an estimated 16m in 1982. During the same period, they believe, RSP value went up by 29.4 per cent, reaching nearly £24m in 1982 — while the overall hosiery market barely kept pace with inflation. But while Scholl see a much larger market than Pretty Polly, their view of the chemist's position is very similar though expressed differently. Scholl give the independent 5 per cent of support hosiery sales, with Boots and department stores taking a massive 60 per cent in sterling terms.

But it is when discussing technical aspects of their products that the manufacturers from different backgrounds really get the knives out. For example, Lastonet view the subject "from the medical end," but have gone beyond NHS specifications with their Spanflex range of tights, stockings and maternity tights. These, and the lightest NHS range (Lastolita), are sold over the counter.

Lastonet find there is a barrier to

*Continued on p230*



Illustration courtesy Scholl UK



Continued from p229

## Consumers confused by the trade terminology

increasing sales however. Gary Wilson, sales manager, blames the price differential between "true" support hosiery and the "sup-hose" tights sold by the major manufacturers. He told *C&D*: "Few potential customers are aware of the reasons behind the increased cost, but the difference is very important. All Lastonet support hosiery incorporates graduated compression in the design, whereas most makes of 'support tights' merely give the legs a supportive squeeze. Lastonet's do so gradually from the ankle up, encouraging return flow in the blood vessels of the lower limbs."

Not that Lastonet blame the consumer for this misunderstanding. Gary Wilson says there is confusion among the medical profession and chemist trade, as well as the general public, about the relative merits of different grades of support hosiery. "The confusion is not helped by the NHS distinction between stockings and tights," he says. "Understandable from the NHS's point of view, but difficult to justify by facts."

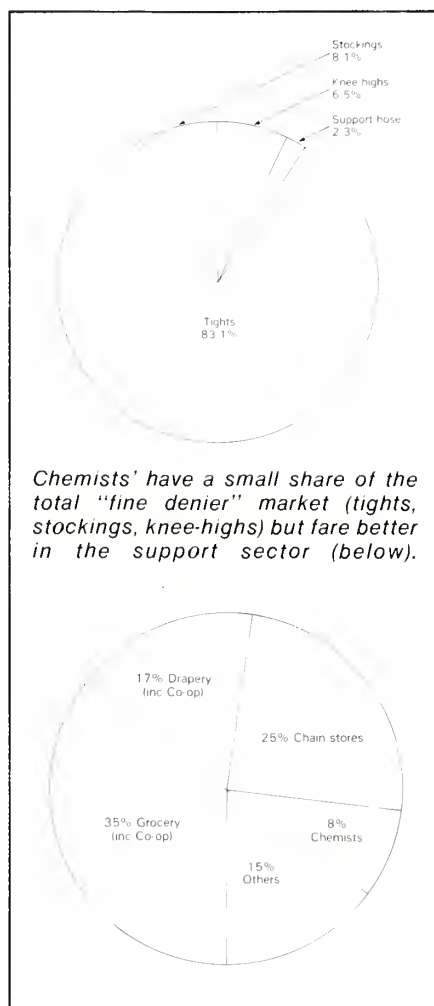
Lastonet proved this confusion last year when, as part of a much increased advertising expenditure, they invited sufferers from tired and aching legs to write to the company's medical adviser on leg care problems. "The response was far greater than all expectations and with other aspects of the campaign encouraging sufferers to ask for Lastonet in their chemists, sales improved dramatically."

### 'No guidance'

A similar — and if anything, stronger — line is taken by Personal Supports Ltd, suppliers of the Elbeo range. Marketing manager Mr F. Phillips says: "It's quite lamentable that general practitioners have no guidance provided on the compression levels or profiles of the elastic hosiery they prescribe and, given the inadequacy which prevails in the 'ethical' market, it can be no surprise that the OTC suppliers provide little assistance to the consumer when it comes to product selection, or in explaining what a specific product can be expected to do."

"The position is that anything can be called 'support hosiery,' and certainly many of the products which are sold as such would have the greatest difficulty in demonstrating any reasonable belief in terms of improving venous return."

However, it should in no way be concluded that companies approaching the market from the "fashion end" will



be producing hose that fails to measure up. Pretty Polly are easily the biggest of the manufacturers and all but the lightest of their styles (appropriately named Touch of Support) meets the minimum criteria expected to be included in a draft British Standard now in preparation — indeed, Pretty Polly were one of the few suppliers to volunteer the compression levels for their range (see product specifications later).

All the manufacturers approached by *C&D* are clearly fed up with the current confusion and are relying on the BS to sort things out. Scholl told us that the BSI committee for compression hosiery had identified different compression profiles for the whole range of support and elastic hosiery. These profiles are measured in mm Hg on suitable testing apparatus and the draft Standard has designated that support hosiery cannot be counted as compression hosiery — that is, hosiery that would have a therapeutic benefit

(such as to alleviate tired, aching legs) — unless there is a minimum of 6mm Hg at the ankle.

This figure equates, in Scholl's case, with lightweight support hosiery such as Lite Legs. Scholl say they are endeavouring to produce all their hosiery to meet the draft specification — and they claim to have more testing apparatus for this purpose than any other company in the UK. It is hoped that the Standard will be approved before the end of the year.

### Support v fashion?

Perhaps one cause of friction between the medical and fashion ends of the market is the appearance of the products. Personal Supports put the dilemma succinctly:

"The styling and appearance of prescribable hosiery is so at odds with consumer requirements that its position in the marketplace could not be sustained without the benefit of NHS funding. Thus for many people contemplating wearing support hosiery, the choice is frequently between something they do not wish to wear, and something of dubious benefit."

Pretty Polly would certainly not agree. They argue that once the NHS Drug Tariff specifications are set aside, the manufacturer is at liberty to evaluate newer yarns and manufacturing techniques "unhindered by outdated materials specifications." Three benefits have resulted:

- A change from rubber-based yarns to man-made elastomeric fibres, which can be made into finer yarns. This gives hosiery of comparable compression but greater sheerness. It also allows improvements in the manufacturing process.

- Creation of sheerer, more acceptable, but functional products by making use of finer elastane fibres.

- Adaptation of the "specialist" styles to automated hosiery production units with consequent economies for the manufacturer and lower prices for the consumer.

Continued on p232

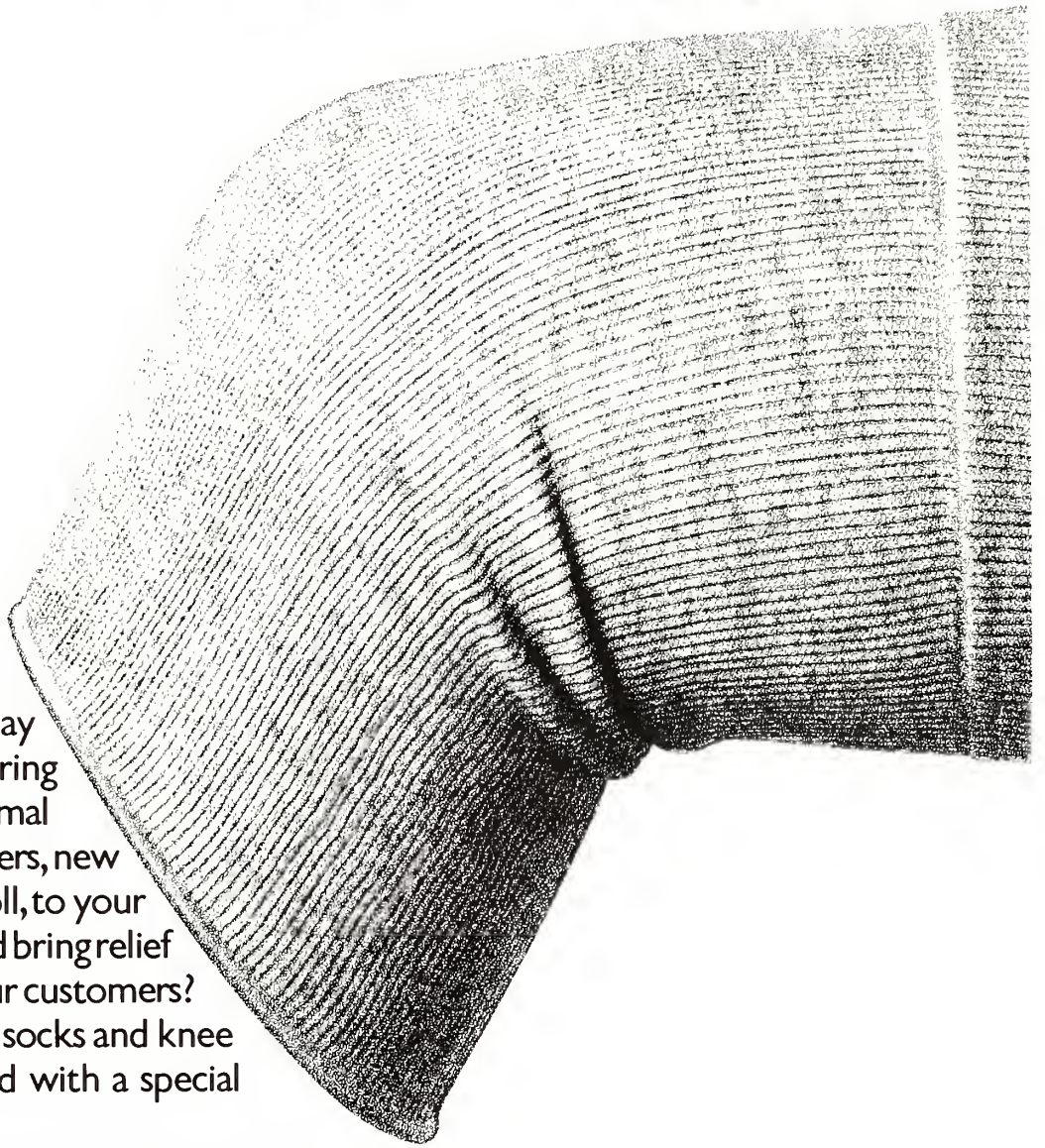
### Distribution by outlet (volume)

	%
Chemists (inc Boots)	37
Chain stores	10
Department stores; drapery	30
Grocery	8
Others	15

Source: Textile Market Studies 1981 and trade estimates



# Scholl have a new way of warming away pain.



May  
we bring  
Thermal  
Supporters, new  
from Scholl, to your  
attention and bring relief  
to many of your customers?

These gloves, socks and knee  
supports are knitted with a special  
blending of fibres.

For warmth, wool and Meraklon, the best  
heat retaining fibres. For durability and support, we  
have nylon and Lycra.

The warmth offers symptomatic relief to  
sufferers of Arthritis, Rheumatism, Fibrositis, and  
other muscular and joint disorders. The support  
helps to keep the joints in alignment.

Thermal Supporters have been  
specially designed by Scholl to ease  
pain and aid mobility. This will bring  
comfort and relief to many millions  
of sufferers.

Many of these your  
customers.



**Scholl**  
**Thermal  
Supporters**

Warmth, comfort, support.



## Merchandising — the key to sales success

So already there is a wide range of support hosiery available which would not be disgraced on the self-selection "fashion" bars. Later this year there may be standards by which the consumer can judge the technical merits of the products she is buying. But many women still see any reference to "support" as implying the thick DHSS specification stockings worn by grandma. Who is to bridge the gap? "Why not the pharmacist?" say almost all the manufacturers.

### Capitalise on BSS

"Our view is that the best way to develop the market is to capitalise on the 'knock-on' effect which can be expected from the formulation of a BSI Standard," say Personal Supports. "Manufacturers being able to state compression details for their products will greatly assist the pharmacist in advising potential customers on the most beneficial product." At present, Personal Supports admit that the retail side of pharmacy is less important to them than hospitals and NHS contractors, but they recognise that there is considerable potential for OTC business and plan to develop an Elbeo "pharmacy only" range later this year.

Scholl stress that merchandising is the key to success if the pharmacist is to

compete with other outlets for a share of this growing market. "Support hosiery must be merchandised in the same way as any other OTC item: it must be highly visible and attractively presented. Resiting the display to a main selling area will help increase consumer awareness and identify the pharmacy as a support hosiery outlet.

### Wear the product

"A good promotional aspect may be for sales assistants to wear the product. If they can feel the benefits for themselves, their recommendation will carry more weight with the customer; after all, personal recommendation is the strongest possible form of merchandising."

Lastonet, too, see the pharmacy as the most important cog in the sales cycle. Their salesforce act as technical specialists on support hosiery — "the intention being to give pharmacists an informed view as much as to shift stock," says Gary Wilson.

Last year Lastonet introduced a display outer for Spanflex and further expansion of POS material is envisaged for the coming year. Also planned is a comprehensive market research study to determine the attitudes of doctors, chemists and consumers to surgical and support hose. "The company feels a need

### Demographic profile of support users 1981

	Support %	All women %
<b>Age</b>		
15-34	18.4	35.9
35-44	21.0	14.4
45-54	28.0	13.6
55-64	19.0	14.0
65+	13.3	22.1
<b>Class</b>		
AB	8.5	15.8
C1	22.7	22.7
C2	37.1	29.3
DE	31.4	32.2
<b>Area</b>		
Scotland	16.7	9.2
North West	11.3	12.1
North	5.7	5.7
Yorks & Humberside	9.3	9.1
Midlands	19.8	16.4
South East/E Anglia	13.3	21.6
Greater London	10.8	12.9
South West & Wales	13.3	13.0

Source: Textile Market Studies 1981

for clearer product definition which would in turn help professionals to prescribe and dispense."

## Rundown on some ranges

### Scholl

The new range of Lite Legs 20-denier sheer support tights is claimed to have given the independent pharmacist an opportunity to compete for the first time with department stores for a share in the lightweight support tights market. Lite Legs help to conceal blue spider veins or early varices. They can be worn with sandals or backless shoes and give graduated compression to help relieve the symptoms of tired, aching legs and act as a prophylaxis to varicose veins. The introductory packs include a 50p cash refund voucher (normal retail £1.95). The pharmacist is not involved in the redemption process and the offer expires on July 1. Come in five colours and three sizes. An advertising campaign with full-colour pages in women's weeklies and

*Continued opposite*

A simple but strong message was the key to Pretty Polly's 1982 poster (including London Underground sites) and Press advertising campaign



15 denier "Touch of Support" tights with Lycra



NEW **Lite Legs**

Attractive and sturdy 70 denier support tights with elastic all-round graduated support to help your legs fight and resist.



Point-of-sale aids from Scholl and Lastonet

monthlies will promote Lite Legs tights until the end of April. Occasionally, the pack design will be changed to reflect the latest advertising theme, helping further to identify the product at point-of-sale.

A heavier denier support tight is required to help alleviate mild varicose veins and cover major blemishes. Scholl's 70-denier support tights are made from Lycra yarn with a micromesh stitch, giving the correct graduated compression. In two shades and four sizes. A maternity version has an expandable gusset.

For more serious varicose conditions, elastic stockings made from a natural rubber elastic yarn are available on the Drug Tariff. The Scholl range includes the Nylastik brand for early varices; Soft Grip and Superlastik for medium varices; and Scholl fine and Scholl yarn for severe varices.

## Pretty Polly

**Tru Support tights:** Firmest and least sheer product in range. *Leg* — Alternate courses 70 denier Lycra d/c and 30 denier nylon, plain knit; *Body* — Alternate courses 70 denier Lycra s/c and 60 denier nylon. Micromesh-attached elastic waistband. Body made up with gusset. Three sizes. Compression level at ankle 10mm Hg.

**Sheer Support tights:** *Leg* — Alternate courses 40 denier Lycra d/c and 30 denier nylon, plain knit; *Body* — Alternate courses 70 denier Lycra s/c and 60 denier nylon micromesh. Made up with gusset. Three sizes. Compression level at ankle 8mm Hg.

**Stand Easies:** *Leg* — Alternate courses 40 denier Lycra s/c and 20 denier nylon, plain knit; *Body* — 70 denier nylon micromesh. Made up with gusset on tights style. Four sizes tights, one size stocking. Compression at ankle 6mm Hg.

**Non-stop tights:** *Leg* — Alternate courses 40 denier Lycra s/c and 18 denier nylon, plain knit; *Body* — 40 denier nylon, mesh construction. One piece construction —

no body seams. Three sizes. Compression at ankle 6mm Hg.

**Touch of Support:** Lightest and sheerest in range. *Leg* — Alternate courses 20 denier Lycra s/c and 15 denier nylon, plain knit; *Body* — Alternate courses 70 denier Lycra s/c and 30 denier nylon micromesh. Made up with gusset on tights style. Three sizes tights, one size stocking. Compression at ankle 4mm Hg.

Pretty Polly claim their advertising and promotional activity is unparalleled. In 1982 they invested some £177,000 in media advertising behind the lightweight Touch of Support. The campaign centred on 48-sheet national outdoor posters and was complemented by 16-sheet posters on the London Underground, along with colour advertisements in women's magazines. "Below the line" the company produced leaflets and point-of-sale material, and carried out a number of premium and money-off promotions — adding a further £90,000 to the investment.

In 1983 Pretty Polly will be investing more heavily "below the line" with promotional deals to encourage consumers to try the products, display material and stands, a new support film for consultant training, and consumer information leaflets. In addition to the marketing spend, they will also be making

significant improvements to the technical performance of some styles by the introduction of new yarn combinations.

## Lastonet

**Spanflex:** Superfine stockings, tights and maternity tights that give support to tired and aching legs. Tights have an integral waistband and special micromesh pantie section, and maternity tights incorporate an expanding front panel. Available in three shades, and three sizes. Not NHS specifications.

**Lastolite:** Super-lightweight stockings or tights combining support, comfort and cosmetic appearance. Also two styles of maternity tights, one incorporating an expanding front panel and the other an adjustable waistband, to meet the needs of advancing pregnancy. Available in two shades and four sizes. Stockings made to NHS specifications.

**Lastofine, Lastoyarn, Lastothread** and made to measure: All except tights in these brands are made to NHS specification and are designed for progressively more advancing and long term varicose conditions.

## Personal Supports

**Elbeo support panty tights:** Nine individual fittings and a choice of fashion shades. Compression level is around 14mm Hg at ankle. In compression terms equivalent to NHS lightweight elastic hosiery. Maternity version is available incorporating a fully adjustable waistband.

**Elbeo Support Extra:** Very strong sheer support stocking. Ankle compression 18/20mm Hg. Nine fittings. A fully-fashioned version "support regular" also available.

**Caresse:** Four sizes. Ankle compression 10mm Hg. Sheer, highly fashionable, and suitable for mild varicose problems.

**Sheer Comfort:** A very lightweight style, ankle compression 5/6mm Hg; only suitable for "tired legs" requirement.

Feature continued on p234

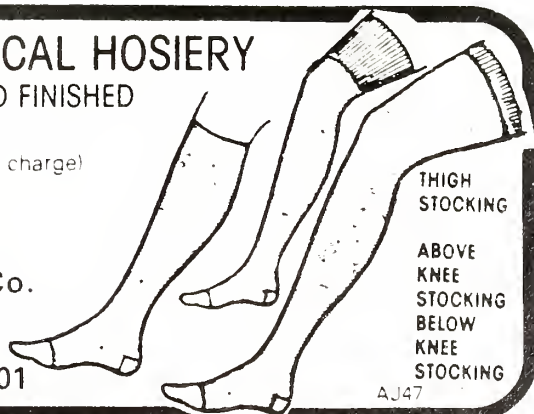
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Concluded from p233

## Technical merits of the over-the-counter ranges

As already indicated, support hosiery can appear very confusing with the wide range of products covered by this general category, and different terms may be used to describe what is often the same product. Hence the terms surgical hosiery, elastic stockings, comfort hose, anti-embolism stockings, etc, which all have a place in the hosiery glossary but without specific definitions as to the boundaries between each one — if indeed, any exist. Additionally, support hosiery may be described as light, medium, firm support, etc, and again, this is an attempt to describe the garment concerned but without specific measurable values.

The hosiery itself may also be in various forms such as thigh stockings, over-knee stockings, below-knee stockings, anklets, tights, and with or without toe closure.

### Pressure measurement

However, the actual pressure exerted on a leg by support hose can be measured and is termed compression. The types of equipment available for its measurement are essentially pieces of laboratory apparatus, but have been proved to reflect accurately the readings obtained during clinical trials.

Compression is measured at various positions along the leg — usually ankle, calf and thigh. Different levels of compression are obtained from different product types depending on the yarns used, the knitting technique and the settings employed. For this reason pressure testing equipment is also used as a quality control tool to check product consistency.

The main feature of hose pressure measurements is the requirement to give correctly graduated compression along the length of the leg, ie highest pressure at the ankle with progressive reduction at calf and thigh. The higher the compression level at the ankle, the greater the need to have a more severe graduation to reduce the pressure at the thigh.

The comfort provided by these garments is directly related to the pressure which they exert on the leg. External compression has a number of measurable effects on the blood vessels of the limb and the flow of blood through them. According to the degree of pressure applied it can be expected to:-

- ☐ Counteract the high pressure in superficial veins and thereby reduce the distension of these veins.
- ☐ Encourage a larger volume of blood to

flow through the deep veins — the increased velocity of blood flow through these deep veins may be important.

☐ Discourage ankle swelling by reducing the pressure difference between the capillaries and the tissues, thereby restoring towards normal the rate of tissue fluid formation.

It is possible that previously healthy venous valves, rendered incompetent by distension, will begin to function competently again. Compression of the leg may also assist the "calf muscle pump" by providing a firm "skin" for the muscle to contract against. Support of superficial veins, especially during pregnancy, may avoid development of varicosity and gravitational oedema, and so prevent their persistence.

The degree of compression required to return venous function towards normal varies considerably. Hosiery providing

modest compression is often effective in relieving leg discomfort, particularly when the problem is subclinical. More advanced medical conditions may require higher levels of compression to relieve the associated symptoms. However, all garments should produce a graduation of pressure on the leg which decreases towards the thigh to improve vein emptying.

So, referring back to the proposed British Standard, what are the physiological pressures and compensating compressions involved? Ankle venous pressures during walking are quoted at about 25mm Hg in normal subjects, with 40mm Hg where there are superficial varicose veins, and 60mm Hg in cases of deep vein incompetence. Naturally, true surgical hosiery is required in the latter cases, but if the BS proposed minimum of 6mm Hg seems low compared with even normal pressures, it must be noted that the actual compression on a vein is considerably more marked.

### Compression values

A frequently quoted paper by Fentem *et al* from Nottingham University Medical School (*Brit med J*, 1976, 1, 254) reported on a method devised to evaluate the compression support hosiery exerted on the leg and on its ability to limit the distension of a model varicose vein. The authors studied five garments and found that in six women subjects the compression values ranged from a maximum of 17.6mm Hg at the ankle for a heavyweight garment, to 0.5mm Hg at the thigh for "non-supporting" hosiery.

A garment (nylon covered, elastane support tights of average 75 denier) which exerted a compression of 6mm Hg around the calf produced a pressure greater than 90mm Hg within the model vein. The authors concluded: "Although the compression exerted by some garments appears slight . . . the control of distension achieved can be worthwhile." Another finding reported in the paper was that incorrectly-fitted nylon and elastane hosiery did not exert significantly different pressures on the leg when compared with values obtained for the correct size. "Compression values on the leg are unchanged so long as the garment is stretched within its elastic limits, and since elastane fibres are highly extensible there is a large working range. The final extensibility of the garment is determined by its construction and the proportion of elastane fibres contained in it."

Bringing construction back into the argument perhaps explains why the industry's technical representatives have been so long producing an agreed British Standard that is both therapeutically fair between the brands and capable of comprehension by the consumer!

## Glossary

**Elastane:** Generic name for elastomeric fibres composed of segmented polyurethane eg Lycra, Du Pont's trade name.

**Note**—Comparatively higher elastane content does not always guarantee higher compression performance as other features in design can negate comparison.

**Covered yarn:** Elastomeric yarn wrapped with another fibre, usually cotton or nylon. Done to pre-tension elastomeric component, protect the elastomer, improve the feel or handle. Can be single (one wrapping) or double covered (two spiral wrappings in opposite directions).

**Course:** Row of knitted loops — around the circumference on circular fabrics.

**Plain knit:** Simple uniform stitch construction made up from intermeshed loops. Stitch formation with high extension/recovery performance.

**Micromesh:** Spiral arrangement of tuck stitches (held loops) within the stitch construction. Changes surface texture and improves fabric durability.

**Compression:** Pressure exerted by hose on the leg.

**Fibre content:** Relative proportion by weight of fibres contained within the garment.



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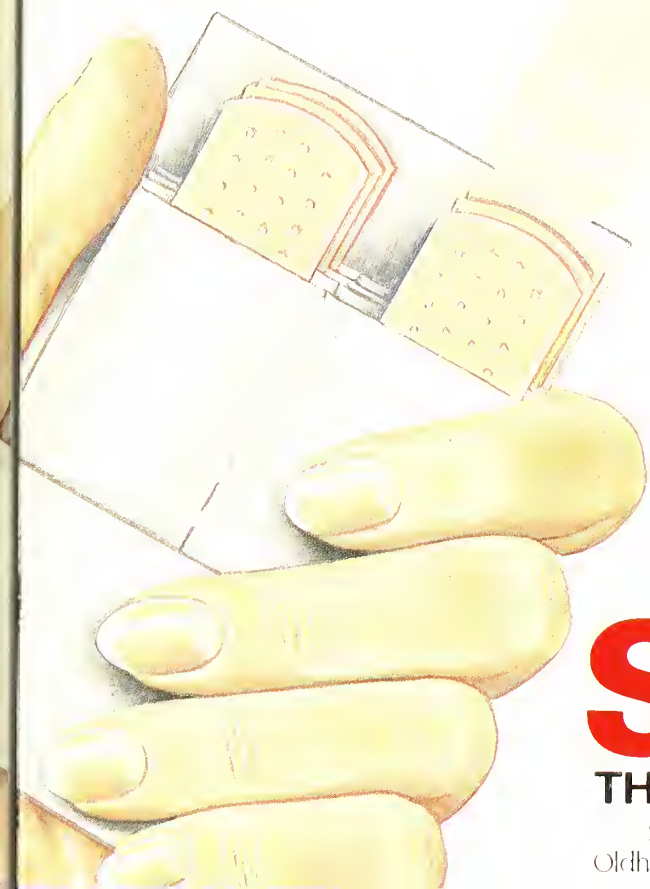
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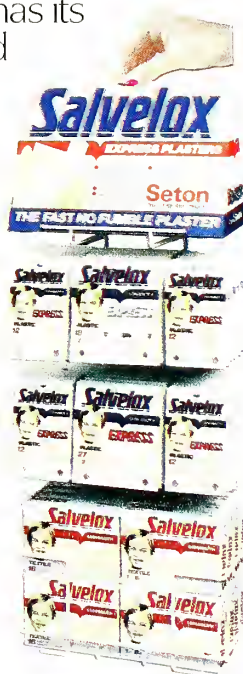
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## Shop conditions under closer scrutiny

Mr Arthur Okolo appeared before the Pharmaceutical Society Statutory Committee to answer complaints that he had brought the profession into disrepute because of the condition of his shop in Deptford High Street, South East London. But after hearing of the efforts he made to bring the premises up to an acceptable standard, the Committee decided to take no further action.

Sir Carl Aarvold, chairman of the Statutory Committee, said: "We think after the experience of the last few years Mr Okolo has had the necessary warnings to behave in a way which will make the profession and himself proud of his pharmacy."

Sir Carl added that one of the Society's inspectors involved in the case, Mr Timothy Staton, had been accused of prejudice by Mr Okolo, but he could not possibly be so as he had commented as favourably as he possibly could on Mr Okolo's premises. Sir Carl said he hoped that this would be stressed to Mr Okolo if and when a time came for him to cooperate further with Mr Staton.

The Committee had been told that six adverse reports had been made to the Society about the condition of the pharmacy, between February 1980 and

October 1981. Society inspector Mr George Morris said that when he visited the pharmacy on February 13, 1980, the shop looked uncared for, the floor was very dirty, fixtures were broken and the stock was very dusty. The dispensary resembled a tip, with papers littering the benches, and the scales were filthy. The tap in the sink was dripping and couldn't be turned off properly, and the floor was dirty.

Mr Staton said that on October 30, 1981, he found the dispensary very untidy. When he paid another visit earlier this week he found the situation very much improved. There was general impression of orderliness and efficiency.

Mr Okolo said in evidence that when he took over the premises, the shop needed a lot of improvements but he had had difficulty in finding workmen to carry out the work. Staff difficulties had contributed to the occasions when there was untidiness. Since the visit of Mr Staton in October 1981 the floor had been revarnished and sealed, a hot water system had been fitted, display counters installed, and the shop front painted. He had a cleaner in every day and was confident that the standards could be maintained.

of contamination of medicinal products.

Mr Josselyn Hill, for the Society, said that inspectors had made 11 visits to the pharmacy since 1967, and were concerned about the amount of out-of-date stock found among the rubbish. "Even as late as January 10 this year, the Committee will hear that the premises were still unsatisfactory and there was old, out-of-date stock found, despite this inquiry being so near," said Mr Hill.

Over the years, inspectors had been told by Mr Bates that he would give up, sell up and retire, but this never happened. One inspector, Mr Timothy Staton, told the Committee that during a visit in March, 1980, he found the dispensary bench and most of the floor covered with dirty bottles. When he returned early this month, he examined stock on the shelves and estimated that between 70 and 80 per cent was unfit for use. Some vials of insulin bore expiry dates between 1967 and 1969. Mr Bates told him he was aware they were out of date and would not, under any circumstances, have dispensed them.

Mr Bates told the Committee that he had been a registered pharmacist since 1934 and acquired the premises in 1947. He did not fully understand what the

inspectors' complaints were, and did not accept that the pharmacy and the dispensary in particular were in a dirty condition.

The dispensary floor was regularly cleaned once a week, and his wife, who assisted him in the dispensary, would not tolerate the dirty sink complained of by an inspector. Mr Bates added that there was a limit to the number of hours he and his wife could spend removing out-of-date stock and cleaning old bottles in this busy pharmacy.

Sir Carl said Mr Bates must appreciate that if, during the next 12 months, there was any further deterioration at the pharmacy there was little the Committee could do but direct that his name be removed from the register.

## Action dropped as pharmacist retires

No further action is to be taken against a Swansea pharmacist whose shop in a corrugated iron shack at Bonymaen was condemned as a potential hazard to the public.

The Statutory Committee was told last week that 70-year-old Mr Bernard Featherstone, of Killay, retired last month and had disposed of the business in Jersey Road. The new owner, Mr John Bowen, of Neath, had already greatly improved the condition and appearance of the inside of the pharmacy.

Last September the Committee heard a complaint that Mr Featherstone conducted the pharmacy in a manner that caused a potential hazard to the public and brought the profession into disrepute. They were told that Mr Featherstone, who was registered in 1937, moved into the temporary corrugated iron hut at Bonymaen in 1949. More than 30 years later he was still conducting the business from the same premises and despite complaints from customers and inspectors very little had been done to improve the conditions.

In a letter to the Committee, Mr Featherstone said that on medical advice he had decided to retire at the end of last year and hoped he would be permitted to do so with the dignity appropriate to a lifetime spent in service to the public. At the resumed hearing chairman Sir Carl Aarvold said the Committee noted that although Mr Featherstone had disposed of the business he had not retired as a pharmacist. "Should he ever decide to practise as a pharmacist in his own right and in his own business no doubt a careful watch will be maintained on his future behaviour and conduct."

*Continued on p238*

## Last chance to clean up premises

A 73-year-old pharmacist who had been repeatedly warned over the last 16 years about the dirty condition of his pharmacy at Belle Vue Road, Wandsworth Common, was given a last chance to clean up the premises.

Mr John Bates, director and superintendent pharmacist of J.W. Bessell Ltd, was warned by Sir Carl Aarvold, Statutory Committee chairman, that he would receive regular visits from Society inspectors during the next 12 months to check that there had been an improvement.

Mr Bates was found guilty of professional misconduct arising from a complaint by the Society that he conducted his pharmacy in a manner which caused a potential hazard to the public and brought the profession into disrepute. The Society alleged that much of the stock in the pharmacy was out of date; there was a considerable risk that medicinal products which had deteriorated might be sold or dispensed; and that the conditions in the pharmacy were such that there was considerable risk

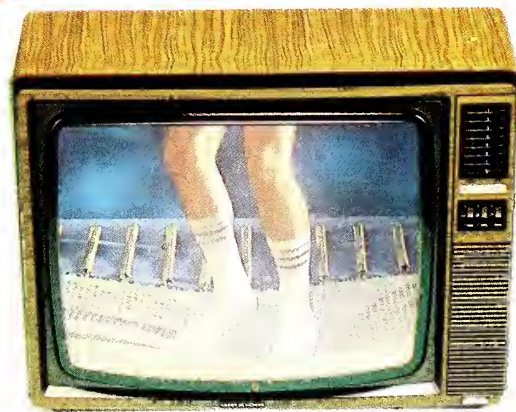


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## Why standards fall

What further tragedies can befall the practitioners of pharmacy today after the statement in the *Pharmaceutical Journal* of January 29 leading article on "Unsatisfactory premises."

For a society which permits, and even actively encourages, the opening of unlimited numbers of extra dispensaries in an area in the name of free enterprise, to then complain about the quality of those new and established premises is to me personally most hurtful.

Due to the opening of three new pharmacies within a half of a mile of each of the two shops in which I have an interest in the past two years, our dispensing business has been decimated, not to mention the effect on our counter trade.

Where does the Society, in all faith, expect us now to find the capital outlay required to bring our shops up to their high (and well justified) standards? And how can it complain if a dispensary is put into a "cupboard" when that is all the space required to do the few prescriptions available? The NHS uses a specific area per prescription costing when working out payments, and this must reflect in dispensary size.

I do not consider that any pharmacist worth his salt would wish to show anything other than the highest ethical standards, and most shortcomings are due to financial restraints as a result of flagging profits. The Society must be seen to act in a positive way towards rational distribution to avoid standards falling to even lower levels.

I am convinced that for the Society to have had to print the article at all is as a direct result of its policy. It is time it woke up and faced the realities that its members have to look at every day.

**Adrian Korsner**  
London N20.

## Xrayser's error

I am the "mulish" and "rugged" individualist who wrote to Xrayser last week (I also wrote to the British *Diabetic* (not Medical) Association. Please let me thank Xrayser for his remarks. I have not had such nice things said about me since a county cricketer described my ability as a batsman in the same glowing terms. Xrayser must think me pharmacy's equivalent to G. Boycott!

However! Flattery will not prevent me from taking Xrayser to task over the question of a pharmacists' role in the changeover of insulin strengths. There are two problems with the changeover. First,

why should pharmacists be involved without reward? — even the printers of the cards used got paid, together with the postmen who delivered them. Second, and most important, is the method of the change correct?

I am not too proud to demand payment for my work. I already do enough free work for the NHS — tax collecting, breathalysing oxygen units for soap contamination, etc, etc. All this is supposed to enhance my image no doubt. I consider my own image as a pharmacist quite satisfactory, and I know of no pharmacists who need to act as unpaid record clerks in order to enhance their reputations. And yes, Xrayser, a doctor's receptionist *is* the person to collect the required information.

Why is it that a pharmacist's image is only enhanced when the work is done for nothing? I would ask Xrayser to muse on the following points. Why was the BDA used as an intermediary in this changeover? Insulin is sold to pharmacists, not the BDA, and not all diabetics are members of the BDA. Why were the GPs not involved in this matter from the start? Has no one heard of confidentiality? I know a few diabetics

who are very sensitive about their condition: a chemists shop is not the most private of places to discuss things.

Let us assume that I agree with Xrayser (for one moment only). If I am so important that the BDA can send me cards, etc, why not syringes as well? It would have helped my image to demonstrate their use and compare them with the old ones. Or does Xrayser think I am supposed to *fund* the changeover, as well as do it for nothing?

I do not agree with changing insulin strengths unless the patient benefits by better control of the diabetic state. As the majority of diabetics are stable, why interfere? I come from a diabetic family — maybe that explains my "mulish" behaviour — and a lifetime of experience tells me that if your insulin does not trouble you, you don't trouble it!

Finally, Xrayser, this "small service" (as you call it) of registering diabetics is very similar to that performed by the Society of registering pharmacists each January. Xrayser — try telling the PSGB to register pharmacists for nothing and see how "mulish" they can be with you.

**A. Jolley,**  
Newton-le-Willows, Merseyside.

## Rural 'bubble'

Your editorial remarks following my last letter (*C&D* January 22) quote David Coleman, PSNC vice-chairman, as expressing "relief that the end is in sight" and that the Clothier regulations offered "undoubted advantages."

It must be remembered that the regulations as published many months ago relied for their implementation on the free choice of the patient between pharmacist and rural doctor's unqualified assistants to dispense NHS prescriptions. The doctors have denied patients this choice.

Our representatives have allowed them to get away with this in a spirit of appeasement which is despicable, in that it disregards our goodwill with the public and our recognised right to dispense for that public in all circumstances where the patient does not experience "exceptional difficulty" in obtaining medicine. Above all it disregards the fact that the majority of dispensing doctors has been misleading the public outside the one-mile radius by telling them that "if you live within a mile of the pharmacy your prescriptions are dispensed there. If you live outside the one-mile radius we, the doctors dispense your prescription."

For the information of pharmacists who are members of Council or the Clothier Committee I enclose a copy of the notice\* which dispensing doctors were invited to display in their surgeries two or three years ago. In Norfolk I was told by the administrator of the Norfolk Family Practitioner Committee that "as far as he knew" he had not seen these notices displayed in any doctors' surgeries." I have had this same notice displayed in my pharmacy over the same period.

Has David Coleman, whose pharmacy

in Norfolk is similarly situated to mine, displayed the same notice? Has he informed his rural patients of their rights? Perhaps not. He is a patient negotiator. What I lack in patience I gain in experience. During the "standstill" I have witnessed Tenterden and Great Wakering. I have read in *Pulse* that Dr R.J.R. Lewis has asked that pharmacists stick to their "business" while doctors stick to theirs.

Unless the PSNC, in conjunction with the Pharmaceutical Society, can give rural pharmacists an unequivocal statement of the benefits of capitulation I will accept the hazards of your statement that we return to a "free for all."

If ten rural pharmacists encourage their MPs to support a "prayer" it is likely that the whole findings of Clothier can be invalidated within two months. If Clothier is worth saving, will David Coleman please tell us what we have to gain? The confidentiality of PSNC reminds me of the South Sea bubble of 1720, when Stock Exchange investors were invited to subscribe to an undertaking "the nature of which was in due time to be revealed."

**Keith Jenkins,**  
Burnham Market, Norfolk.

\* The text of the notice is: "If you live within a radial mile of a chemist your doctor may not supply your drugs and appliances unless you apply to and have received approval for this (on grounds of serious difficulty) from the Norfolk Family Practitioner Committee. If you are a new patient or if you change your address and live more than one radial mile from a chemist in a rural area you may request your doctor to supply your drugs and appliances if he is willing to do so. If you do not make this request your doctor will issue you with prescription forms for you to take to a chemist for your supplies."



# More pressure from Guild for emergency duty pay

The Guild of Hospital Pharmacists is stepping up the pressure in its campaign for emergency duty payments.

Guild Council was pleased to note at a meeting last week that any negotiations to settle emergency duty payments for pharmacists had finally been separated from the pay bill. The remaining money on offer towards emergency duty payments remained at 0.5 per cent, ie £154,000, therefore new monies must be found if out of hours services were to be properly remunerated. A small joint subcommittee of Pharmaceutical Whitley Council is to discuss the matter on February 8 and it is hoped that this subcommittee will meet with the Minister for Health in the near future.

### Early day motion

Meanwhile a petition will be issued to bring pressure to bear on the Minister. Similarly the TUC Parliamentary Committee will be asked to put forward an Early Day Motion in the House of Commons. Guild members are being urged to maintain and increase where possible any local action in the out of hours dispute.

Ms Donna Haber, divisional officer reported that the Advance Letter had now been issued from the Department of Health describing salary increases agreed in December 1982, ie 10.77 per cent for all except grade 1 pharmacists who would receive 11.1 per cent increase. This settlement, which will run from September 11, 1982 to March 31, 1984, has extra "hidden" benefits of greater than one increment for grade 1 pharmacists who took up post in the Autumn.

Guild Council has decided some

general principles to be followed on grading structure for hospital pharmacists.

They are that pharmacists with responsibilities for a particular speciality should be able to progress to Grade V; career progression should also be possible in sub-specialties, eg certain types of production of pharmacokinetics; gradings should reflect the level of service provided; and there should also be gradings reflecting excellence where the managerial responsibilities are low.

Comments on specific points should be forwarded to the vice-president, Mr A.M.S. Cullen, chairman on a Guild working party who presented a draft paper to the Council last week. The final document will be presented to the next Council meeting for approval. The membership will then be consulted before starting any negotiations with the management side of the Pharmaceutical Whitley Council.

### Position of pharmacy in NHS

Last week the Council also discussed the current position for pharmacy in NHS reorganisation. In general, the need for district pharmaceutical officer posts had been established and national competition for many posts was now taking place. A subcommittee of Pharmaceutical Whitley Council has been established to undertake a review of the pharmacy management structure in re-organisation, one of the problems currently being little differentiation in the salaries of the various bandings of new officer posts.

Council noted with concern that Oxford RHA had decided to appoint a part-time regional pharmaceutical officer. It was agreed that the local ASTMS

divisional officer would look into the matter.

Joint secretaries of General Whitley Council had met to discuss the problem of removal expenses for grade 1 pharmacists. Management side was unwilling to concede the claim on the grounds that it would refer the matter to all groups of staff. Evidence should be sent to Ms Haber by the end of February to show that: Grade 1 pharmacists need to move in order to gain appropriate experience; such pharmacists had not applied for posts because removal expenses were not available; and health authorities would have been prepared to pay removal expenses had such facilities existed.

Council was reminded that the staff side's claim for paid study leave for pharmacists had not yet been approved at a meeting of Pharmaceutical Whitley Council.

Ms Marion Dinwoodie, editor of the Guild's publications, reported that the results of the questionnaire on "Current Abstracts of Pharmacy and Therapeutics" has provided evidence that, although the abstracting service is now being duplicated and will eventually be superseded by "National Abstracts," there is still an immediate need to continue the service. Council agreed that the Guild's service should be improved in style and content and that a firmer financial basis should be achieved by publicity to attract subscribers and by an increase in subscription appropriate to any increase in standard of the service.

It was also noted that the ASTMS health and safety department was shortly to publish a paper on handling cytotoxic drugs. Comments would be welcome by February 14 on the Royal College of Nursing draft document "Drug administration — a nursing responsibility." Council agreed in principle to support the NPA campaign to promote the increase in professional standing of the community pharmacist.

It has been decided that there will be no award in 1983 of the Evans Gold Medal for outstanding contribution to hospital pharmacy.

The Guild is to request that the BSI should produce a separate British standard for a 2.5ml measuring system.

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# Questions asked over drug costs as PPRS review announced

A review of the Pharmaceutical Price Regulation scheme is to take place and should be completed by the Summer, Sir Kenneth Stowe, Permanent Secretary to the Department of Health, told the Public Accounts Committee last week.

This was later confirmed in a debate in the Commons by Mr Geoffrey Finsberg, Under-Secretary for Health. "We are quite determined that as pharmaceuticals account for about 10 per cent of NHS expenditure, they should not be exempted from the search for greater efficiency to which we are subjecting the NHS," he said.

An investigation into transfer prices was also announced by Sir Kenneth. These are the charges a company makes when it passes goods to a company in the same national or multinational group.

The Public Accounts Committee was meeting to examine NHS drug costs after publication of a report by the Comptroller General, Mr Gordon Downey, (*C&D* last week p157).

The PPRS review will start later this year and will cover such considerations as the return on capital allowed to the industry, the incentives to efficiency and profits offered to individual companies, the costs allowed to chargeable expenses under it, and the relationships to issues raised in the Greenfield report.

The present PPRS replaced a voluntary price regulation scheme in 1978, and itself expires at the end of March. The scheme does not control the prices of individual drugs, but works by attempting to ensure the overall profits and costs of manufacturing companies in the production of NHS medicines are reasonable.

At present four factors are taken into account when determining the target return on capital for individual companies. These are capital investment,

value added, research and development costs and export performance. More weight is at present given to export than research, Sir Kenneth told the Committee.

The industry has expressed some reservations about R&D and export revenue allocations, says the Association of the British Pharmaceutical Industry. The Association also believes that the parameters of the annual financial return (AFR), which the DHSS uses to check the reasonableness of manufacturer's costs and profits, should be adjusted for inflation. Only companies supplying over £1.5m of medicines annually to the NHS submit an AFR.

Taking the ten years 1971-81 the retail price index over that period rose by 370 points, while the equivalent increase in price of NHS pharmaceuticals was 226.

Sir Kenneth told the Committee that in the Department's judgment the return on capital in the years 1979-80, in which the industry showed profits of £252m, was not excessive. When asked whether there should be a reduction in the target level of profits he said "I do not think we should jump at that."

Over the past three years some £300m has been invested in the UK industry by overseas companies, and growth in capital between 1979-81 was about 25 per cent in cash terms (8 per cent after inflation). Exports rose by 33.3 per cent during that period and in 1981 exceeded imports by £570m.

However, Sir Kenneth acknowledged the difficulty in controlling the profits of the 65 companies involved in the PPRS. The Department's assistant secretary, Mr John Long, said the PPRS had only one full time accountant and access to ten others to cope with the AFRs. In spite of that the Department has examined 20 companies, representing 65 per cent of the UK market, over the past two years.

Transfer prices will be investigated by the same firm of accountants presently examining Family Practitioner Committee expenditure, Binders, Hamlyn & Fry. Transfer payments totalled £200m in 1980. Some companies, notably the European ones, include all their central costs in the transfer price. Others charge only manufacturing costs and profit and make separate charges for R&D and other overheads. Under the PPRS, the transfer price charged to a UK company for materials and products supplied appears as part of the UK company's costs.

The first part of the hearing was held behind closed doors as confidential information concerning individual companies was divulged.

## PPRS debated in Commons

Department of Health economists were unable to decide what constitutes a reasonable profit on pharmaceuticals, nor were they able to decide on the extent to which the amount of risk-taking incurred by companies should be reflected in profit margins under the Pharmaceutical Price Regulation Scheme, Mr William Hamilton told the Commons in a wide ranging debate on drugs last Thursday.

Commenting on the previous day's meeting of the Public Accounts Committee he said the Comptroller General had questioned the high level of profits and pointed to the uncertainties surrounding the efficiency of the drug industry generally.

## IPMI voting slip

Voting papers for the Institute of Pharmacy Management International council election have a space for voter's name and address on page 14, due to a printing error. Members are urged to leave the space blank because papers to which such details are added cannot be accepted. However, members are reminded that their name and address is required on the back of the envelope, to be returned no later than February 27.



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# Sunday trade: USDAW warns of retail bankruptcies

Shop workers' union USDAW has published a report claiming that abolition of the current Shops Act would lead to more and more retailer bankruptcies. A national ballot, asking all the union's members to support their executive in calling for a full Government inquiry, has begun.

Copies of the report have been distributed at the House of Commons, and USDAW-sponsored MP Tom Torney promises strong all-party opposition to Ray Whitney's abolitionist Bill when it comes up for second reading on February 4. Even if the Bill gets past this hurdle, it could still be fought at the committee and report stages, aiming either to block a third debate or to amend the Bill out of all recognition.

USDAW say that, if Mr Whitney's Bill were to become law, the union would "spare no effort" in returning what it sees as a sensible Shops Act to the statute

books. They have been promised support from elsewhere in the union movement in the fight to retain the principle of statutory control over trading hours.

In the event that unrestricted Sunday trading becomes legal, USDAW would demand its members be given satisfactory protection to ensure they are not pressurised into working on Sundays, and that Sunday premium payments be maintained. The union also want Christmas Day, Boxing Day, New Year's Day and one other day over Christmas to become holidays by law. In this case all retailers attempting to open on those days would be prevented from doing so — even those with volunteer staff.

USDAW does recognise, however, that there may be genuine demand for Sunday opening at specific times of year. Accordingly, it is suggesting that shops be allowed to open a maximum of four Sundays in the run up to Christmas.

The Proprietary Articles Trade Association dealt with 192 cases of price-cutting during 1982, 153 of which were satisfactorily dealt with — representing a success rate of nearly 80 per cent. The remaining cases are still being pursued by the association and its manufacturer members.

Mr Raymond Bellm, managing director of International Laboratories since 1978, has been elected president for 1983. Mr Bellm is an executive member of the Proprietary Association of Great Britain.

The appointment of Royston Jones as secretary of the association has now been confirmed.

The January meeting of the PATA council also learnt with regret of the death of Mr Eric Robinson FPS, who had represented Northern Pharmaceuticals on the Council's wholesale section since 1966. He was elected vice-president in 1972, and served as president in 1975.

Boehringer Ingelheim were accepted for manufacturer membership. The association's annual meeting has been arranged for May 26 at the Connaught Rooms, London WC2.

*More Business News overleaf*



# Simpla Tablets and the Water Strike

The National Water Council now recommends that effervescent sterilizing tablets may be used for purifying water as an alternative to boiling.

Maws are already being inundated with requests from the public about the use of Simpla Tablets for sterilizing water. As the instructions on the Simpla Tablet packet refer to baby feeding equipment only, it is important that pharmacists and their staff have the correct dosage instructions for drinking water.

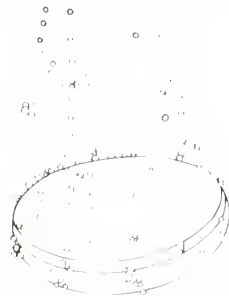
One Simpla Tablet will sterilize 6.5 gallons (29.5 litres) of water. The water should be cold or lukewarm but not hot, and should be left for 10 minutes before use. The water will then be suitable for drinking and general food preparation.

Simpla Tablets may be broken in half along the score line to sterilize 3.25 gallons of water.

The National Water Council emphasises that effervescent sterilizing tablets should be used subject to the following conditions when used for purifying water:

- Follow the manufacturers' instructions strictly.
- The water must be clear and not seriously polluted.
- Effervescent sterilizing tablets should not be used for more than a month without further advice.
- Water for making up babies' feeds must only be boiled.

For any further information, contact Maws Ltd, Kingston Road, Leatherhead, Surrey. Phone Leatherhead (0372) 376151





## BDH expand E.M. Diagnostics

BDH Chemicals are expanding E.M. Diagnostics and transferring the division's operations from Greenford to BDH headquarters at Poole. E.M. Diagnostics should now be able to benefit from greater research and development facilities and so meet increased hospital demand for their range of automatic analysers and Merck diagnostic kits.

A new management team, already experienced in the medical laboratory market, will now lead E.M. Diagnostics. Pat Flanagan becomes divisional general manager, Peter Jenks takes responsibility for all marketing activities, and Mr M. P. Lofthouse becomes field sales manager. E.M. Diagnostics can be contacted at Broom Road, Poole, Dorset BH12 4NN.

## Amersham in Japanese link-up

Amersham International have formed a joint company with Chugai Pharmaceutical Co of Japan to market Amersham's products in that country. The new company, to be known as

Amersham Medical Ltd, will be 65 per cent owned by Amersham and 35 per cent by Chugai, and starts trading on April 1. Amersham Medical will be based in Tokyo, and is to concentrate on marketing the company's diagnostic products.

## Guide to chemical testing regulations

The Health & Safety Executive has produced a guide to good practice in chemical testing laboratories. The guide is intended to ensure compliance with the notification of new substances regulations which came into operation on November 26, 1982, implementing a European Council directive.

Under the regulations, many chemical substances marketed in the EEC are subject to detailed safety testing and notification procedures. The HSE code aims to ensure these tests are carried out correctly. The document also sets out HSE procedures for monitoring compliance with the regulations. *Notification of New Substances Regulations 1982: Establishment of a Good Laboratory Practice Compliance Programme, GLP Monitoring Unit, Room 455, Health & Safety Executive, Baynards House, 1 Chepstow Place, London W2.*

## Retailing 2nd in bankruptcy table

Latest insolvency figures from the Department of Trade show retailing once again second only to the construction industry in the "league table" of bankruptcies.

Retailing accounted for 18 per cent of all bankruptcies in the nine months to September 1982 (11.5 per cent non-food), while construction managed 18.4 per cent.

Bankruptcies in 1982 as a whole reached 5,707 — 11 per cent up on 1981's 5,151. Liquidations of all types rose 40 per cent to 12,039.

## Briefly...

■ **Nella Pharmaceutical Products** have changed their telephone number to 0742 433355.

■ **Allergan Ltd** have moved to Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks HP12 3NR.

■ **The Chemical Industries Association** has set up an emergency desk to advise member firms affected by the water workers' strike. Staff manning the desk will also monitor the strike's impact on the industry and liaise with Government. The desk can be reached on 01-735 3001. Use is restricted to CIA member.

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## COMING EVENTS

### Pharmacists' family planning course

The education unit of the Family Planning Association will be running a residential course for pharmacists in communication skills in family planning and sexuality at the Oatlands Park Hotel, Weybridge, Surrey, April 27-28.

The recent report, "Family planning and the pharmacist — the case for greater involvement," says that pharmacists should be encouraged to offer information on contraception and related areas. A trial involving some 800 community pharmacists starts this month. The course will aim to explore attitudes, feelings and values about family planning and sex, and to improve communication skills.

The course fee is £50, which includes full board. The cost is being subsidised by the FPA/PSGB project. Details from Suzanne Chamier, FPA Education Unit, 27 Mortimer Street, London W1N 7RJ (telephone 01-636 7866).

### Philips go it alone in the regions

Following their withdrawal from IDEA, Philips Small Appliances are to mount their own regional exhibitions, inviting all customers. The first will be staged at the Park Lane Hotel, London, March 29-30.

Subsequent exhibitions will be at Birmingham (April 7), Leeds (April 12), Glasgow (April 14), Belfast (April 20). Venues are to be confirmed.

Some interesting new products will be on show in addition to the full product range for 1983 says the company. Details from Graham Ball or Frank Sabey at Philips S.A. on 0424 429141.

### UKCPA comes to London for AGM

The UK Clinical Pharmacy Association will be holding a symposium and its annual meeting at the School of Pharmacy, Brunswick Square, London, on March 12.

The annual meeting will take place at 3.30pm and will be preceded in the morning by a symposium on "Clinical pharmacy problems in paediatric medicine." Speakers will be Dr R. Dinwiddie, consultant paediatrician at Great Ormond Street, and Mr A. Nunn, principal pharmacist at Alder Hey Children's Hospital. The SK&F vaccines group award for 1982 will be presented by Dr R. Walker for a "Study in over-the-counter medication in children" in the afternoon.

Non-members will be charged £5. Application forms (closing date February 25) can be obtained from Mr M. Cullen, 55 Hartington Way, Mickleover, Derby.

#### Monday, February 7

East Metropolitan Branch, Pharmaceutical Society, Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, London E11, at 8pm. Dr K.C. James on "Preparations for the hair."

#### Tuesday, February 8

South East and South West Metropolitan Branch, Pharmaceutical Society, St Thomas' Hospital, London, at 8pm. Dr L. Beeley, consultant clinical pharmacologist, Queen Elizabeth Hospital, Birmingham, on "Adverse reactions."

Lanarkshire Branch, Pharmaceutical Society, Ravenscraig Suite, Garrison Hotel, Motherwell, at 8pm. Mrs S. Bryson, Stobhill Hospital, on "Not the nine o'clock kinetics."

Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8pm. Mr Gordon Appelbe, head of the law department, Pharmaceutical Society, on "Is pharmacy a profession?"

Stirling Branch, Pharmaceutical Society, Terraces Hotel, 4 Melville Terrace, Stirling, at 8pm. Working dinner.

#### Wednesday, February 9

Buckinghamshire Branch, Pharmaceutical Society, White Swan, Walton Street, Aylesbury, at 8pm. Mr R. Dickinson, assistant secretary, Pharmaceutical Society, on "The College of Pharmacy Practice."

Isle of Wight Branch, Pharmaceutical Society, Postgraduate medical centre, St Mary's Hospital, Newport, at 7.30pm. Dr A.J. Beale, director of biological products, Wellcome Research Laboratories, on "Interferon — with particular reference to genetic engineering, and techniques in bio-technology." Joint meeting with Isle of Wight Medical Club.

#### Thursday, February 10

Bath Branch, Pharmaceutical Society, School of Pharmacy and Pharmacology, Bath University, at 8pm. Miss H. Levi, Weluda (UK) Ltd, on "Homoeopathy" (film and talk).

Hull Pharmacists' Association, Postgraduate medical centre, Hull Royal Infirmary, at 6.45pm. Dr D. Challis, station manager, Radio Humber, talks at the member's dinner — "I'm sorry, I'll read that again."

Reading and Slough Branch, Pharmaceutical Society, Postgraduate centre, Royal Berkshire Hospital, at 7.30pm. Mr J.L. Early on "The Zoonoses."

#### Friday, February 11

Northumbrian Branch, Pharmaceutical Society, Brandling House, Gosforth Park, at 7.30pm. Annual dinner and dance.

#### Advance Information

Society of Cosmetic Scientists, London Hilton Hotel, Park Lane, London W1, February 18, at 7.15pm. Annual dinner and dance.

Huddersfield Branch, Pharmaceutical Society, Princess Restaurant, Huddersfield, February 23, at 7.30pm. Dinner and dance.

Manchester Region, National Pharmaceutical Association, Boyd House, Upper Park Road, Victoria Park, Manchester, on February 16 at 8pm. Mr Michael King, NPA executive officer, on "Statutory sick pay — what you need to know." Printed notes will be available.

South East England Region, Pharmaceutical Society, Brighton Polytechnic, on March 20. One-day conference on "Prescription for poisons." Registration fee £2.50. Details from Dr G.W. Hanlon, Department of Pharmacy, Brighton Polytechnic, Moulsecomb, Brighton BN2 4GJ.

Royal Society of Health, 13 Grosvenor Place, London SW1X 7EN, on April 21 at 7pm. Meeting on "Diabetes mellitus — what's new in management."

British Society for the History of Pharmacy, Pharmaceutical Society, 1 Lambeth High Street, London SE1, on February 24 at 7pm. Margaret Pelling, member of the Wellcome unit of the history of medicine, on "Apothecaries and other medical practitioners in Norwich around 1600."

## MARKET NEWS

### Brazil peppermint oil up again

London, February 1: Shipment offers of Brazil peppermint oil are still not available from origin although parcels bought earlier were being traded by dealers in London during the week at around £14 kg — £1 up on the previous week. Elsewhere among oils price changes were the result of the pound's diminishing value against a strong US dollar, with sterling touching a record low level during the week. Items higher included camphor white, cedarwood and vetiver. Shipment rates for menthol were also dearer.

Among spices Cochin ginger, tumeric and pimento were firmer. Trading in botanicals was at routine levels. The first offers of Curacao aloes were received since last Summer. Canada balsam was again unquoted as was dandelion root. Benzoin and cherry bark were dearer.

#### Crude drugs

Aloes: Cape £1,550 metric ton, cif. Curacao £1,680 cif. Balsams: (kg) Canada: unquoted. Copaiba: Spot £4.35; £4.60, cif. Peru: £8.20 spot; £8, cif. Tolu: Spot £5.30. Belladonna: herb £5.30 kg spot; £5.25, cif; leaves £1.14 kg; £1.80, cif; root no spot; £2.34 kg cif. Benzoin: £151 cwt, cif. Cherry bark: No spot; £1,820 metric ton, cif. Dandelion: Unquoted. Gentian root: No spot; £2,780 metric ton, cif. Ginger: Cochin £1,500 metric ton spot and cif. Jamaican No. 3 £1,950, cif. Nigerian split £700, cif. Indonesian £625 spot. Liquorice: Root, no spot, £660 metric ton, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900. Pimento: Jamaican £1,925 metric ton spot; £1,825, cif. Podophyllum: Unquoted. Quillaia: Spot £1,095 metric ton; £1,085, cif. Sarsaparilla: Mexican £2,420 metric ton, cif. Seeds: (metric ton, cif). Anise: China star £2,250. Celery: Indian £800. Coriander: Moroccan £470. Cumin: Indian £1,200. Fennel: Indian £2,000. Fenugreek: Indian £275. Senega: Canadian unquoted spot and cif. Turmeric: Madras finger £480 metric ton spot and cif. Tonquin beans: £7.90 kg, cif.

#### Essential oils

Camphor: White £1.35 kg spot; £1.20, cif. Cananga: No spot; £26.50 kg, cif. Cardamom: English-distilled £120 kg. Cassia: Chinese no spot; £52 kg, cif. Cedarwood: Chinese £4.45 kg spot; £4.35, cif. Cinnamon: Ceylon nominally £4 kg spot and cif; bark English-distilled, £155. Eucalyptus: Chinese £3.25 kg spot; £3.15, cif. Fennel: Spanish sweet £7.50 kg spot; bitter £7.40. Geranium: Bourbon £26 kg spot; £25.50, cif. Ginger: Chinese £28 kg spot; £26, cif. English, distilled (ex W. African root) £67.50; ex Indian £73. Peppermint: (kg) Arvensis — Brazilian £14 spot and cif. Chinese £4.75 spot; £4.65, cif. American piperata £13.50. Petitgrain: Paraguay £8 kg spot; £8, cif. Sassaparilla: Brazilian £2.45 kg spot and cif. Spearmint: Chinese £9.40 kg spot; £9.75, cif. American from £15.75 spot. Vetiver: Java £24.50 kg spot; £24, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

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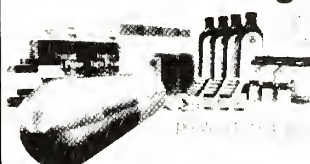
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85p Cleansing Milk	31 Oct 1982	28 Feb 1983
85p Tonic Lotion	31 Oct 1982	28 Feb 1983
£1 Equalia Xmas promotion 1981	30 Dec 1982	31 March 1983
50p Vichy products	31 Dec 1982	31 March 1983

No vouchers will be redeemed after the expiry date shown. The vouchers should be sent to: Coupex, 40-42 St Peter's Street, St Albans, Herts, where they will be redeemed for full face value plus handling allowance.  
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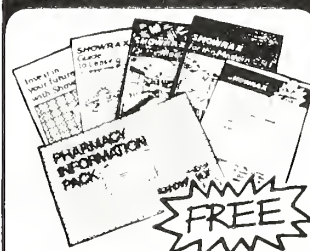
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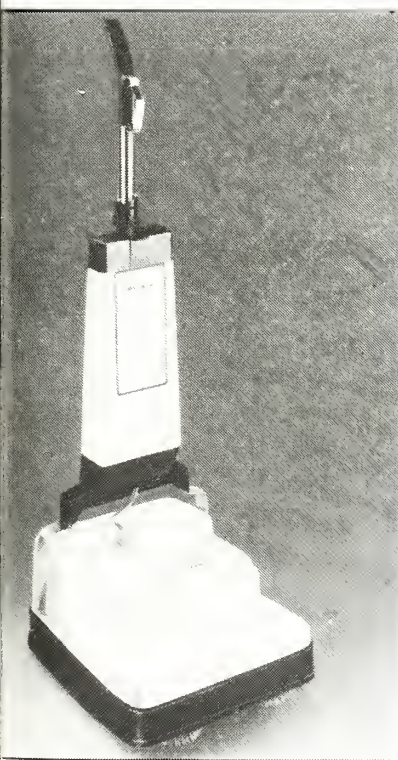
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CD4



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We pioneered the professional market which now accounts for one third of all brushes sold. We are clear brand leader with around 50% of the market.

We're recommended by more dentists more often than any other brand. 83% of consumers who try Oral-B remain brand loyal.\*

What's more, our market share is growing rapidly.

If that sounds impressive, it's nothing to what happened when we developed our new 'Right Angle' – the only brush with the type of

head recommended by dentists which is specially angled to help your customers reach the more awkward areas of their mouths.

Following a heavyweight TV campaign in the London area...

- Awareness of Oral-B increased by a staggering 40%\*

- Sales rose by an amazing 32%\*

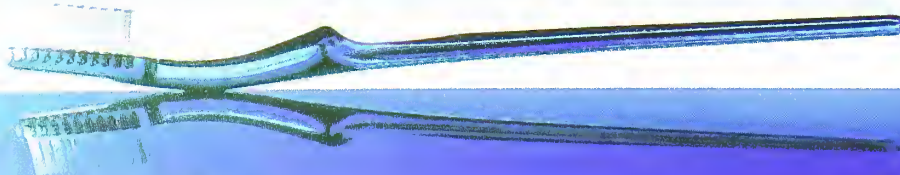
This February, March and April we'll be putting the weight of TV behind Oral-B once again in London, Central and rolling out into other areas during the year – with what will undoubtedly be equal success.

After all, we've produced enough winners for you to recognise another when you see it. So stock up now and share in our success.

# We'll get even more brushes into the bathroom by going through the lounge.



LONDON - FEB - MARCH  
CENTRAL - MARCH - APRIL



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\*Source: Independent Research and Nielsen